

Research Paper

## Patients with Depression and Mindfulness-Based Intervention: A Study in Arunachal Pradesh

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### ABSTRACT

**Background:** Mindfulness has been adopted in western culture and it has many forms which was combined with other psychological therapies. Mindfulness practice is a realization of being in the present. Mindfulness-Based Intervention has been designed to help people for mental well-being as mental health became one of the most leading causes of health issues. Depression is one of the most prevalent mental health issues found in every age group. This research is to study the effect of mindfulness-based intervention on Depression patients from Tribal society of Arunachal Pradesh. **Methods:** The present study is quasi-experimental research that will follow one group pre-test- post-test design. Sample size is 20 patients (based on age, education, language, socio-economic status) on the basis of the purposive sampling technique. The tool Depression Anxiety Stress Scale 21 was used, which was developed by Fernando Gomez (1995). **Result:** Mindfulness-based intervention shows a positive result in reducing the symptoms of depression despite of their differences in the base of their demographic details. This study shows that mindfulness-based intervention was beneficial for Tribal society of Arunachal Pradesh. **Conclusion:** Tribal society of Arunachal Pradesh who was unaware of mental health till COVID-19 Pandemic hits and it has bought lots of changes in terms of new normal. It has highlighted that mental health matters just like physical health. Through this study it has found that people of tribal society can benefit from mindfulness-based interventions and the treatment approach for mental well-being will be viewed from a new perspective.

**Keywords:** *Mindfulness-Based Intervention, Tribal Society, Depression*

Mindfulness has been in practice since the time of Lord Buddha, and it is often associated with its origins in Buddhism. Currently, there are variations in the way mindfulness is practiced in the West and the East, but similarities have also been identified. Mindfulness-based intervention becomes one of the most practicing interventions to deal with psychological distress. Many studies have found that mindfulness practice brings a long-term effect that is why it is becoming more popular in this fast-growing world. Mindfulness is a practice of discipline where a person has to bring their consciousness in the present purposefully and through regular practice it becomes easy day after day. Intervention is a treatment process in psychology which differs in nature, time and practice. It is more

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related to treatment plans where patients have the right to know about what intervention has been plan for them and the rationality behind it. Exploring the concept of mindfulness inherently implies a focus on being fully aware of the current moment. Mindfulness has various definitions, and when used as a verb, as in "to be mindful," it denotes the act of entering a state of practice. This practice involves maintaining a gentle and nurturing awareness of our emotions, thoughts, and bodily sensations on a moment-by-moment basis. Research substantiates the anecdotal evidence that cultivating a mindful state of mind can result in a happier and more productive life (Shapiro, 2020; Williams & Penman, 2016).

Depression is a psychological disorder and for diagnosis one has to take a professional help. According to the criteria given in International classification of diseases 10 (ICD-10) and Diagnostic and statistical manual of mental disorders (DSM 5) diagnosis have been done. Some of the symptoms are feeling low, sleep disturbed, disturbed appetite, low self-esteem, irritability, feeling hopelessness, worthlessness, excessively guilty, loss of interest, anger outburst etc.

Many studies have been done on mindfulness-based Intervention for depression. Yang, J. M., et al., (2023) done a study on, 'Effects of Web-Based Mindfulness-Based Interventions on Anxiety, Depression, and Stress Among Frontline Health Care Workers During the COVID-19 Pandemic: Systematic Review and Meta-Analysis', it was a randomized controlled study. It encompassed nine different databases and investigated the impact of web-based mindfulness-based interventions on alleviating common symptoms of mental disorders among frontline healthcare workers from 2020 to 2022. A total of 1311 participants took part in this research, sourced from ten separate randomized controlled trials. The results of the study revealed a beneficial effect of web-based mindfulness-based interventions in mitigating symptoms of anxiety, depression, and stress among the participants.

Another study conducted by Chayadi, E., Baes, and Kiropoulos, L. in 2022 titled "The Effects of Mindfulness-Based Interventions on Symptoms of Depression, Anxiety, and Cancer-Related Fatigue in Oncology Patients: A Systematic Review and Meta-Analysis" aimed to comprehensively evaluate the effect of mindfulness-based interventions among oncology patients. This review sought to assess the effects of mindfulness-based treatments on symptoms of depression, anxiety, and cancer-related fatigue. To gather relevant publications, a thorough search was conducted across five databases, including PubMed, Embase, PsycINFO, ProQuest Dissertations, and MEDLINE by EC. The study collected a total sample of 1677 using random-effects models, and subsequent evaluations of non-randomized studies were performed separately. The findings of the mindfulness-based intervention revealed a significant medium effect in subsiding symptoms of anxiety, depression, and cancer-related fatigue among the patients.

In addition, a study conducted by Ritvo, P. et al. in 2021 titled "A Mindfulness-Based Intervention for Student Depression, Anxiety, and Stress: Randomized Controlled Trial" designed to assess the effectiveness of mindfulness virtual community program for 8-week in mitigating depression, anxiety, and perceived stress among undergraduate students at a Canadian university. The study included a total sample of 154 students who were randomly assigned to the program. At the conclusion of the study, the results indicated that the mindfulness virtual community program demonstrated statistically significant differences between groups.

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Further, Ma, L., Zhang, Y., & Cui, Z. (2019) done a study on 'Mindfulness-Based Interventions for Prevention of Depressive Symptoms in University Students: a Meta-analytical Review', the purpose of the study was in the direction to prevent depressive symptoms and also to understand the effect of mindfulness-based intervention. Total 25 samples were collected through randomized controlled trials. Pre and post assessment was done to know the differences in depressive symptoms. Mindfulness-based intervention findings show an effective for prevention of depressive symptoms in university students.

The study conducted by Lopez-Montoyo, A. et al. in 2019, titled "Effectiveness of a Brief Psychological Mindfulness-Based Intervention for the Treatment of Depression in Primary Care: Study Protocol for a Randomized Controlled Clinical Trial," involved a randomized controlled clinical trial in primary care with 120 depressed patients. The study included pre- and post-treatment assessments, followed by 6–12-month follow-ups. The results of the study revealed positive outcomes and contributed to the identification of an alternative treatment approach for depression.

'The impact of a mindfulness-based intervention on felt depression, anxiety, and stress among parents of children with autism spectrum disorder' was examined by Rayan A. & Ahmad M. in 2017. In a quasi-experimental pre- and post-test design, a comparison group was utilized. 104 parents of kids with ASD took part in total. The severity of ASD was evaluated with the parents in accordance with DSM-V criteria, and two-person groups were randomly assigned. Between the pretest and the posttest, the intervention group underwent a 5-week mindfulness-based intervention program, while the comparison group did not. Both groups' participants showed low wellbeing prior to the intervention. The results showed that after participating in the program, intervention group participants had much lower levels of stress, anxiety, and depression than the control groups. According to studies, MBIs are effective therapies that assist parents of children with ASD in enhancing their mental health since they are practical, culturally adaptable, and effective.

The purpose of the present study is to evaluate the effect of a mindfulness-based intervention on patients with depression from Tribal Society of Arunachal Pradesh. Numerous studies have been conducted worldwide on mindfulness and various psychotherapies; however, there are still many regions where these areas of research have not gained sufficient attention. Many people in various locations lack a clear understanding of the distinction between a psychiatrist and a psychologist. Arunachal Pradesh is one of the regions where the general population is aware of doctors but lacks sufficient understanding of mental health professionals and their areas of expertise. Consequently, a significant portion of the population primarily receives treatment in the form of psychiatric medication but never received any psychological therapies. Through this study, mental health professionals will gain practical insights into the tribal population, enabling them to provide psychotherapeutic interventions to individuals within the tribal society who may require such therapy in the future. Furthermore, this initiative aims to raise awareness about mental health and introduce a new approach to reduce the stigma associated with psychological treatments.

## **METHODOLOGY**

The present study is quasi-experimental research that will follow one group pre-test- post-test design. The pre-test will measure the level of depression among the sample. Post-test will check the level of depression and whether any changes occur after the mindfulness-based intervention was implemented among the sample. The total sample is 20 on the basis of the purposive sampling technique.

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Group	Pre-Test	Treatment/ Intervention	Post- Test
	First Day	Three Months	After Three Months
Experimental Group (N=20)	O <sub>1</sub>	X	O <sub>2</sub>

X= Mindfulness-Based Intervention.

O<sub>1</sub>= Pre-Test scores on Depression.

O<sub>2</sub>= Post-Test scores on Depression.

### Tools

Specific tools were used for the study. The description of each tool is given below.

- **Demographic Details:** Socio-demographic data of depression patients was gathered through the demographic Performa sheet. The tool consists of items seeking general information about the patients like Name, Age, Gender, Education, Marital Status, Economic Status, Occupation, Religion, Education qualification, Language Known, and Place of living.
- **Depression Anxiety Stress Scale 21 (DASS 21):** Depression, Anxiety and Stress Scale (DASS 21) developed by Fernando Gomez in the year 1995. It consists of 21 item self-report questionnaire designed to measure the severity of a range of symptoms common to both depression and anxiety. DASS is to assess the severity of the core symptoms of depression, anxiety and stress. Accordingly, the DASS allows not only a way to measure the severity of a patient's symptoms but a means by which a patient's response to treatment can also be measured. Although the DASS may contribute to the diagnosis of Anxiety or Depression, it is not designed as a diagnostic tool. Indeed, a number of symptoms typical of Depression such as sleep, appetite and sexual disturbances, are not covered by the DASS and will need to be assessed independently. The DASS is not meant to replace a comprehensive clinical interview. A total of 1,606/ 1,745 (92.6%) students returned the questionnaire. Of those, 1,387 students provided complete DASS-21 data. The scale demonstrated adequate internal consistency (Cronbach  $\alpha$ : 0.761 to 0.906). A four-factor model showed the best fit to the data. Items loaded significantly on a common general distress factor, the depression, and the anxiety factors, but few on the stress factor ( $p < 0.05$ ). DASS-21 convergent validity was confirmed with moderate correlation coefficients (-0.47 to -0.66) between its factor scores and the ADHP-V mental health related domains.

The scale to which each item belongs is indicated by the letters D (Depression), A (Anxiety) and S (Stress). For each scale (D, A & S) sum the scores for identified items. Because the DASS 21 is a short form version of the DASS (the Long Form has 42 items), the final score of each item groups (Depression, Anxiety and Stress) needs to be multiplied by two (x2). Once multiplied by 2, each score can now be transferred to the DASS profile sheet, enabling comparisons to be made between the three scales and also giving percentile rankings and severity labels.

### Participants and Procedure

In this study, before starting the mindfulness-based intervention, based on observation and a detailed history of present illness (HOPI) was taken from 20 patients and their family members (according to their availability). This step was crucial to gain a deep understanding of each subject's condition. Following this, a pre-test assessment DASS 21 was done to

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evaluate the levels of depression, anxiety, and stress. Prior to start the mindfulness-based intervention, each participant set a personal goal. During the intervention, specific modifications was targeted to reached these goals and discussed them in the feedback sessions along with a post-test of DASS 21 to measure the level of Depression, Anxiety and Stress and to evaluate whether any changes occurred or not.

The mindfulness-based intervention for depression is organized into five distinct modules, each of which contributes to a more comprehensive comprehension of the intervention process and its efficacy in assisting patients from the tribal society in Arunachal Pradesh. This standardized approach guarantees that each patient adheres to the same protocol, with documentation at the outset, and then customizes it for individual cases.

**Module I: Stress Management Techniques (Sessions 1-6):** The main objective of this module is to offer insights into depression and its techniques for managing it. The initial session sets the foundation for the structure and objectives of the following sessions. This includes discussing scheduling and confidentiality guidelines, which are essential for upholding the therapeutic relationship. Participants must grasp the boundaries and extent of confidentiality to ensure the effectiveness of the intervention.

**Module II: Thoughts and Activities (Sessions 7-11):** These sessions provide an understanding of how our thoughts impact our emotions and help participants establish a connection between engaging in enjoyable activities and effectively managing depression. This module defines various types of dysfunctional thoughts and thinking errors associated with depression and delves into strategies for modifying and challenging these thoughts to enhance one's mood. Additionally, it covers the definition of pleasant activities, identifies barriers that obstruct their engagement, and underscores the significance of setting clear goals to reduce depression and gain better control over one's life.

**Module III: Assertiveness Training (Sessions 12-15):** This module explores assertiveness training, encompassing the basics of assertive and non-assertive behaviors, their consequences, and general assertiveness techniques. Participants are introduced to techniques such as the broken/stuck record technique, fogging technique, positive and negative inquiry, free information, self-disclosure, agreeing with the truth, odds and principle, and workable compromise.

**Module IV: Self and Perception (Sessions 16-19):** These sessions introduce the concept of self-awareness and its crucial role in an individual's life. They explore into how living with a distorted self-image can affect a person's well-being and discuss the two types of self: the real self and the ideal self. Participants gain insight into how to foster a healthy self by comprehending and tending to their needs and advantages. The topic of perception is also explored, emphasizing the variations in individual perspectives and how these differences can shape one's outlook, with an emphasis on the idea that there is no absolute right or wrong, only differing perspectives.

**Module V: Goal for Psychological Enrichment and Termination Phase (Sessions 20-25):** This module places significant emphasis on establishing personal goals, creating, and sharing individual action plans to enhance psychological well-being. In the twenty-fifth session, feedback is gathered through both verbal and written assessments. The intervention process concludes by revisiting and integrating the key themes from each module. During the termination session, an evaluation of the intervention experience is conducted with

participants to identify strengths and achievements. Recommendations regarding follow-up and areas for ongoing improvement are discussed with participants and their family members.

## RESULTS AND STATISTICAL ANALYSIS

*Table 1: It shows the Age Frequency and percentage of the sample (N-20).*

Age	Frequency	Percentage
18-29 years	12	60%
30-39 years	5	25%
40+ years	3	15%
Total	20	100%

The above-given frequency table for age explains that in this present study age criteria have been given from 18 years to 45 years. From this frequency table it has been clear that in 18-29 years age frequency was 12 and percent was 60%. In 30-39 years, age frequency was 5 and percent was 25%. In 40+ years, age frequency was 3 and percent was 15%. Total sample was 20, frequency was 20 and percent was 100%.

*Table 2: It shows the Gender Frequency and percentage of the sample (N-20).*

Gender	Frequency	Percentage
Male	8	40%
Female	12	60%
Total	20	100%

In the above-given frequency gender table it has been shown that there were two categories that were male and female and the total sample was 20. Male frequency was 8 and percent was 40%. Female frequency was 12 and percent was 60%. Total Frequency was 20 and percent was 100%.

*Table 3: It shows the Education Frequency and percentage of the sample (N-20).*

Education	Frequency	Percentage
10 class	2	10%
12 class	4	20%
Under-Graduate	9	45%
Post-Graduate	5	25%
Total	20	100%

In the above-given frequency education table has been shown in 4 categories. In 10 classes education frequency was 2 and percent was 10%. In 12 class education frequency was 4 and percent was 20%. In Under- Graduate education frequency was 9 and percent was 45%. In post-graduate education frequency was 5 and percent was 25%. Total frequency was 20 and percent was 100%.

*Table 4: It shows the Occupation Frequency and percentage of the sample (N-20).*

Occupation	Frequency	Percentage
Employed	7	30%
Unemployed	9	45%
Student	4	20%
Total	20	100%

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In the above given occupation frequency table has shown 4 categories. In employed frequency was 6 and percent was 30%. In Unemployed frequency was 9 and percent was 45%. In student frequency was 4 and percent was 20%. Total frequency was 20 and percent was 100%.

**Table 5: It shows the Socio-economic Status Frequency and percentage of the sample (N-20).**

Socio-economic Status	Frequency	Percentage
Middle Class	20	100%

In the above-given frequency table of socio-economic status has been shown in 1 category. In the middle-class frequency was 20 and percent was 100%.

**Table 6: It shows the Tribe Frequency and percentage of the sample (N-20).**

Tribe	Frequency	Percentage
Adi	13	65%
Galo	5	25%
Apatani	1	5%
Mishing	1	5%
Total	20	100%

In the above-given Tribe frequency table. Adi tribe frequency was 13 and percent was 65%. In Galo tribe frequency was 5 and percent was 25%. In Apatani tribe frequency was 1 and percent was 5%. In Mishing tribe frequency was 1 and percent was 5%. Total frequency was 20 and percent was 100%.

**Table 7: It shows the Religion Frequency and percentage of the sample (N-20).**

Religion	Frequency	Percentage
Donyi Polo	11	55%
Christian	7	35%
Hindu	2	10%
Total	20	100%

In the above-given Religion frequency table. Donyi Polo religion frequency was 11 and percent was 55%. In Christian religion frequency was 7 and percent was 35%. In Hindu religion frequency was 2 and percent was 10%. Total frequency was 20 and percent was 100%.

**Table 8: It shows the Marital Status Frequency and percentage of the sample (N-20).**

Marital Status	Frequency	Percentage
Married	9	45%
Unmarried	11	55%
Total	20	100%

In the above given marital frequency table. In Married marital status frequency was 9 and percent was 45%. In Unmarried marital status frequency was 11 and percent was 55%. Total frequency was 20 and percent was 100%.

**Table 9: It shows the Language Frequency and percentage of the sample (N=20).**

Language	Frequency	Percentage
Hindi	4	20%
Hindi & English	16	80%
Total	20	100%

In the above-given Language frequency table. Hindi language frequency was 4 and percent was 20%. Hindi and English language frequency was 16 and percent was 80%. Total frequency was 20 and percent was 100%.

**Table 10: It shows the Place Frequency and percentage of the sample (N=20).**

Place	Frequency	Percentage
Arunachal Pradesh	20	100%

In the above-given Place frequency table. Arunachal Pradesh place frequency was 20 and percent was 100%.

**T-TEST**

**Table 11: It shows T-Test paired samples statistics Depression's pre-test and post -test.**

	Mean	N	Std. Deviation	Std. Error Mean
Pre-test Depression	4.1000	20	.85224	.19057
Post-test Depression	2.3000	20	.92338	.20647

In the above given T-Test paired samples Depression of pre-test and post-test the value of mean in pre-test shows 4.1000, total participants were 20 (N=20), Standard deviation is .85224 and standard error mean shows .19057 and in Post-test mean is 2.3000, total participants 20 (N=20), standard deviation .92338 and standard error mean is .20647.

**Table 12: It shows T-Test paired samples correlations of Depression's pre-test and post -test.**

	N	Correlation	Sig.
Pre & post-test Depression	20	.361	.118**

Note: \*p<0.05 and \*\*p<0.01

The table above presents the results of a paired-samples T-Test, examining the correlation between pre-test and post-test depression levels. The sample size consisted of 20 participants. The correlation value between pre-test and post-test depression scores is .361, and the significance level is .118\*\*, which indicates a statistically significant result at the 0.01 significance level. It reveals that the study found a favorable outcome in terms of depression levels between the pre-test and post-test assessments. Consequently, the mindfulness-based intervention conducted within the tribal society of Arunachal Pradesh demonstrates a positive and effective impact on reducing depression.



**Table 13: It shows T-Test paired samples test, paired differences of Depression’s pre-test and post -test.**

Paired Sample Test								
Paired Differences								
	Mean	Std. Deviation	Std. Error Mean	95%confidence interval of the difference		t	df	Sig.(2-tailed)
				Lower	Upper			
<b>Pre-Test Depression-Post-Test Depression</b>	1.80000	1.00525	.22478	1.32953	2.27047	8.008	19	.000**

Note: \*p<0.05 and \*\*p<0.01

The above table shows T-Test paired samples test of Pre-Test depression Scoring and post-test depression Scoring mean was 1.80000, the standard deviation was 1.00525, the standard error mean was .22478, 95% confidence of the difference where the lower difference was 1.32953 and the upper difference was 2.27047, t was 8.008, df was 19 and sig. (2-tailed) was .000.

**DISCUSSION**

The present study focuses on examining the impact of a mindfulness-based intervention on patients dealing with depression within the Tribal Society of Arunachal Pradesh. This approach is relatively novel for this population, and the research aimed to evaluate the potential of integrating mindfulness-based interventions within tribal communities. The study discovered that the application of mindfulness-based interventions led to a statistically significant decrease in depression levels between the pre-test and post-test phases (Check Table 12 of this study). This indicates the effectiveness of mindfulness-based interventions within the tribal society of Arunachal Pradesh. The research selected 20 patients for the intervention using purposive sampling and implemented a structured 3-month intervention plan for them. This intervention consisted of five modules, covering psychoeducation about stress and its management techniques, thoughts and activities, assertiveness training, self-perception, psychological enrichment goals, and a termination phase. A total of 25 sessions were planned to cover these modules. The study findings suggest that mindfulness-based interventions were successful in reducing depression among the patients, with the patient’s displaying cooperation throughout the intervention process. This cooperative attitude was a significant contributing factor to the successful completion of the study. Meanwhile, a recent research study led by Burnett-Zeigler, I. et al. in 2023, titled "Comparative Effectiveness of a Mindfulness-Based Intervention (M-Body) on Depressive Symptoms: Study Protocol of a Randomized Controlled Trial in a Federally Qualified Health Center (FQHC)," aimed to assess the effectiveness and implementation of a mindfulness-based intervention in reducing depressive symptoms among predominantly Black women at a federally qualified health center located in a metropolitan area. The study spanned over eight weeks, with 90-minute group sessions. Participants had to meet specific criteria, including being between 18 and 65 years old, proficient in English, receiving care at the FQHC, and exhibiting mild depressive symptoms as indicated by the Patient Health Questionnaire-9. Despite certain limitations, the findings indicated that the M-Body intervention effectively reduced depression symptoms among low-income Black women. A study conducted by Elices, M. et al. in 2022, titled "The Effectiveness of Mindfulness-Based Cognitive Therapy in Primary Care and the Role of Depression Severity and Treatment Attendance," aimed to evaluate the effectiveness

of mindfulness-based cognitive therapy in preventing depression and reducing symptoms during the acute phase. A total of 433 participants received mindfulness-based cognitive therapy, and pre- and post-treatment assessments were conducted using the Personality Intervention and Beck Depression Inventory. The results of the study demonstrated that mindfulness-based cognitive therapy is a safe and effective approach when applied in primary care settings. A study conducted by Parkinson, B. in 2021, titled "Mindfulness-Based Interventions for Partnerships Experiencing Anxiety and Depression Symptoms After Stroke: A Mixed Methods Study," encompassed a systematic mixed studies review and mixed methods case study research. In this study, participants were provided with an online mindfulness-based intervention called "Be Mindful," and data was collected at weeks 0, 4, and 8. The systematic review incorporated 10 studies, and the results indicated that mindfulness-based interventions led to enhancements in mindfulness, stress, anxiety, and depression symptoms among partnerships dealing with the aftermath of a stroke. Collectively, the outcomes of these reviews and the findings from the current research on mindfulness-based interventions for individuals experiencing depression within the Tribal Society of Arunachal Pradesh reveal a positive trend in reducing depression. These results also suggest that patients from the tribal society respond positively to mindfulness-based interventions.

### CONCLUSION

Tribal society of Arunachal Pradesh who was unaware of mental health till COVID-19 Pandemic hits and it has brought lots of changes in terms of new normal. It has highlighted that mental health matters just like physical health. This study also introduced innovative approaches and valuable insights for enhancing mental health treatment. This evidence-based research has the potential to revolutionize strategies for promoting mental well-being. In today's fast-paced world, there is a widespread fixation on the future and a tendency to ruminate on the past, often resulting in the neglect of the present moment. This neglect of the present is a significant factor contributing to individuals' challenges in coping with depression. In a world where the intrinsic worth of individuals has been diminishing, and materialism has taken center stage, communication and meaningful discourse seem to be on the decline. The modern world is increasingly tied to screens, dedicating more time to digital interfaces. Therefore, through this study it has found that people of tribal society can benefit from mindfulness-based interventions and the treatment approach for mental well-being will be viewed from a new perspective.

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### **Conflict of Interest**

The author(s) declared no conflict of interest.

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