

# Training a mind to feel good - the importance of long-term mental health care approaches

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The current mental health care system consumes significant human and economic resources, yet public mental health continues to decline. Traditional methods such as psychotherapy hold a crucial place within the care system but are also marked by notable limitations. This article highlights the importance of long-term mental health care approaches. We emphasise methods that are simple, repeatable, doable regularly, and prevent psychopathology. These approaches are supported by scientific evidence, essentially cost-free, and require only the initial assistance of mental health care professionals. Our paper provides a basic description of these mental health care approaches and reviews scientific evidence of their effectiveness, derived from a systematic search. We discuss various ways to implement these approaches, particularly in educational and workplace settings. Public mental health is experiencing a crisis, exacerbated by the COVID-19 pandemic which has significantly increased the prevalence of anxiety and depression. Mental disorders, largely preventable and treatable, are not adequately addressed, with many individuals failing to receive necessary treatment. By 2030, mental disorders are predicted to become the leading cause of disability in developed countries. This highlights the urgent need for innovative care strategies that transcend conventional treatments. The challenges faced by the mental health care system include limited accessibility; long wait times for treatment, and mental exhaustion among healthcare workers. These issues underscore the overburdened nature of the system and the critical absence of basic prevention strategies. Unlike the systematic approach to physical health, the public lacks a similar regimen for mental health maintenance. Our focus is on long-term mental health care approaches defined as a set of mental activities that improve mental health, require minimal professional intervention post-initial training, and are regularly practiced, potentially daily. Examples include mindfulness, relaxation techniques, gratitude, and compassion practices, each contributing to mental well-being and resilience.

Keywords: accessibility; mental health care; prevention; psychotherapy; resilience

Public mental health is going through a crisis. In 2019, 1 in every 8 people was suffering from mental illness, according to WHO. As a result of the COVID-19 pandemic in 2020, the number of people living with anxiety and depression increased significantly. Mental disorders are preventable and treatable, but the majority of people do not receive the needed treatment (WHO, 2022). It is predicted that mental disorders will become the leading cause of disability in developed countries by 2030 (Roberts & Grimes, 2011).

Even though the current global mental health care system consumes a great deal of human and economic resources (Health, 2020), it clearly cannot counter the declining trend. There are a number of challenges that mental health care faces. To name a few, treatment is often not accessible (Ostrow et al., 2014), treatment wait times are often too long (Children's Mental Health Ontario, 2020), and healthcare workers are mentally exhausted (Søvold et al., 2021). The mental health care system is overburdened and one of the key reasons is the lack of basic prevention – the public is not educated to take care of mental health in the same systematic, regular way as in the case of physical health. The idea that regular physical exercise is necessary for maintaining physical health is widely accepted (Posadzki et al., 2020), however, a very similar idea of certain activities for long-term maintenance of mental health is hugely underappreciated. It can be argued physical exercise has a positive effect even on mental health (Morres et al., 2019), but the same can be stated the other way around. There is compelling evidence that meditation or deep breathing practices lower blood pressure and improve heart rate variability (Zou et al., 2019, Léonard et al., 2019). Both “physical” and “mental” long-term approaches to health care offer lasting and profound benefits.

In this article, we discuss long-term mental health care approaches, which we define as a group of mental activities, that focus on the improvement of mental health, do not require professional assistance (except for initial education or training) and are used with regularity, even daily. Some examples of such activities are mindfulness (Kabat-Zinn, 2018), relaxation (Kim & Kim, 2018), gratitude (Boggiss et al., 2020) and compassion practises (Irons & Heriot-Maitland, 2020).

The aims of the article are: 1) stressing the importance of long-term approaches to improving mental health 2) a brief description of promising approaches and summarising current scientific evidence of efficacy 3) suggesting ways how these approaches can be better implemented in education and work settings.

### **Background: Is current mental health care enough?**

The current state of mental health care has been a source of many discussions, both inside and outside of academia. WHO defines mental health as “a state of well-being in which every individual realises their own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community” (WHO, 2022). This definition of well-being is however being disrupted for a third of the population during their lifetime, with mental disorders being responsible for 32% of years of disability and 13% of disability-adjusted life years (Vigo et al., 2016). The severity and longevity of these disruptions vary not only based on individual aspects. Various social, economic, cultural and societal factors affect the ability of an individual to deal with issues arising from mental health imbalance.

If we isolate the effect of mental disorders on the economic base alone, it is estimated that by 2030, mental health-related disorders will account for more than half of the economic burden attributable to non-communicable diseases (Bloom et al., 2012). Economic disadvantage is also associated with a greater likelihood of mental illness (Knapp & Iemmi, 2019).

In developed countries, some form of cost-benefit analysis is routinely used for increasing the impact of mental healthcare policies (Knapp & Wong, 2020). However, the cost of poor resource allocation for mental health care cannot be expressed only from an economic standpoint. The evaluation of other factors is therefore necessary.

One such factor can be considered the perception of mental illness as something to be ashamed of. Such a stigma of mental illness is a multifaceted issue due to several reasons. On one side, it is stereotyping individuals who suffer from mental disorder on an inter-individual basis (Javed et al., 2021). Secondly, it affects the self-perception of an individual suffering from mental illnesses, further delaying their treatment and recovery (Yanos et al., 2015). Another impetus for dissolving the

issue of stigmatisation lies within the perception of the medical professionals providing mental healthcare (Stanley et al., 2023).

Culturally, there has been a growing chasm between developed countries and their less-developed counterparts, in their approach to mental health care and allocation of resources, as well as in their abilities to combat such a stigmatised topic. Although plenty of attention has been given to the economic aspect of providing adequate support to the affected individuals, fewer thoughts have been delivered on crossing the gap between realising one has a mental health issue and actually seeking some form of addressing it. Also, the stigmatisation of patients with mental health disorder is more pronounced in countries in low to middle-income brackets (Javed et al., 2021). Even more, a large part of this stigmatisation comes from self-stigma and internalised stigma, largely based on shame and intra-individual aspects, rather than specific countries' approach to the implementation of mental health care programmes (Wasserman, 2020). Therefore as a natural extension of on one hand failure of governments to implement proper mental health care programmes, and on the other the tendencies of individuals to hide or neglect signs of deteriorating mental health, the solution might prove to be an emphasis on self-management tools.

Outside stressors can also change the need for mental health care (such as the Covid-19 pandemic) drastically, while reducing the opportunities for actually getting the help one needs, due to lockdowns and limitations. There is a growing amount of evidence showing that Covid-19 had an adverse effect on mental health (e.g., Muldrew et al., 2021; Nguyen & Le, 2021) while limiting the accessibility of help (Witteveen et al., 2022). Many mental healthcare professionals have managed to adapt to the situation (see Vis et al., 2018), but it can be assumed that those features were mostly used by individuals who have either already made a choice to start therapy beforehand or were in the process. Consequently, there is a growing need for methods or techniques which can be administered by an individual, on himself.

### **Importance of long-term mental health care approaches**

We have defined long-term mental health care approaches as a group of mental activities, that improve mental health, do not require professional assistance (except for initial education or training) and are used with regularity. This conceptualisation is largely inspired by the positive psychology movement, which stresses the idea that mental health is not the absence of illness and thus must be sustained by regular activities aimed at developing positive emotions/qualities (Hart, 2020). This concept can be compared with Positive Psychological Interventions that focus on a range of positive variables (for example meaning, gratitude, strengths, savouring, optimism, empathy, kindness) but we also emphasise the long-term aspect.

The idea that positive mental qualities can be cultivated by long-term training is now supported by scientific evidence. For example, many studies observed the effects of mindfulness practice on brain structure and activity (Pernet et al., 2021; Young et al., 2018). Based on this research, it is increasingly plausible that regular conscious and voluntary repetition of certain mental activities might have a lasting effect on our emotions, behaviour, and even on the brain.

Thus we propose (as an extension of the previous definition of long-term mental health care approaches) the public should be educated in simple, repeatable methods that are doable regularly (even daily), that 1) prevent the occurrence of psychopathology (at least to some degree) and effectivity of this prevention is backed by scientific evidence 2) improve mental health beyond the state of absence of psychopathology by actively training positive emotions, relaxed states and positive relationships to self/others/world (backed by scientific evidence as well). And also, similarly to physical exercise these methods are 3) relatively simple 4) can be repeated regularly, even daily 5) basically free 6) do not require the assistance of a professional, except for initial training/education (to ensure that the method is not dependent on the presence of another individual).

### **METHODS**

In our paper, we assess the efficacy of each approach by analysing the results of published meta-analyses. Meta-analyses of RCTs (experimental studies with randomised sample allocation) are widely considered to provide a high level of evidence (Ahn & Kang, 2018). Searches for meta-analyses were conducted through Scopus databases.

To offer comprehensible results, we reported two meta-analyses within one selected approach. Therefore, we did not review all the meta-analyses published in the given approach; we selected the most recent ones that focused on the general population. As most recent meta-analyses cover older research, they often include the content of older meta-analyses.

To specify a search process for a specific approach, we used the keywords approach name AND meta-analysis OR meta-analysis. We included only studies in the field of psychology researching mental health outcomes. However, for one approach (self-affirmation), the Scopus database did not find any meta-analyses performed, so instead, we reported the most relevant research regarding the effect on mental health.

Based on the literature and the criteria established above, we have chosen to report the scientific evidence for these approaches: mindfulness approach, relaxation approach, self-affirmation approach, compassion training approach, gratitude approach, breathing regulation approach and yoga approach.

## RESULTS

### Promising approaches and evidence of effectivity

In this section of the study, we provide a basic description of the selected long-term mental health care approaches, their proposed mechanism of the effect and, on the basis of a systematic search, also scientific evidence of their effectiveness across different mental health outcomes.

#### *Mindfulness*

Mindfulness includes two fundamental skills - monitoring the present experience (which requires attention and awareness) and an attitude of acceptance and openness towards own experience. The cognitive basis of a state of mindfulness (monitoring the experience) requires attention accompanied by the awareness of that attention. When this cognitive state is attained, it is also needed to cultivate an accepting, equanimous attitude towards one's own experience - which is, based on some of the research, responsible for a number of positive outcomes. This state contrasts with the mind's usual, habitual tendencies to repress, avoid, fixate, or prolong certain stimuli (Anālayo, 2022; Lindsay & Creswell, 2019). Mindfulness practice seems to offer a number of mental-health-related benefits, including affective benefits, interpersonal benefits, an increase in empathy and a decrease in stress, anxiety and depression (Davis & Hayes, 2011). Research also suggests mindfulness practice might be beneficial not only for clinical but also for the nonclinical population, for example in improving self-compassion (Golden et al., 2021) and also offers benefits at the workplace (Donaldson-Feilder et al., 2019). Meta-analyses selected by systematic search propose mindfulness interventions may be effective in reducing ruminative thinking (Mao et al., 2022) and their online version may be effective (with small to moderate effect) in reducing stress (Zhang et al., 2020). Mindfulness, although often researched in the context of guided interventions, is still primarily focused on the development of independent and long-term practice.

#### *Self-affirmation*

Self-affirmations are acts that confirm a person's adequacy; they usually involve reflections on or engagement in activities related to the important value held by the person. Self-affirmation can offer a host of benefits to those, who practice it. For example, it can be employed as a coping strategy to manage negative or threatening information, thoughts or situations. Research in recent years is focusing on the ability of self-affirmation to improve mental health outcomes through affirming core values (Łakuta, 2020). Both experimental and large-scale cross-sectional studies have linked self-affirmations to improved positive affect and/or reduced negative affect. The study involving over 3000 participants (Emanuel et al., 2018) connected self-affirmations with greater happiness and hopefulness, and with lower sadness and anger. Nelson et al. (2014) discovered that experimentally-induced written self-affirmations were able to predict meaning and flow state. Some studies, with preliminary success, research the effectivity combination of meditation and positive affirmations (Zahara et al., 2022). No relevant meta-analyses of the effect of self-affirmation on mental health were found in the Scopus database.

#### *Compassion*

Compassion is defined as a sensitivity to suffering in self and others, with a commitment to try to alleviate and prevent it. There are three basic types of compassion: compassion towards ourselves (self-compassion), compassion towards others and compassion that is received from ourselves. The approach that intends to utilise compassion for mental health purposes, stresses the importance of compassion due to its connections to motives, emotions, and behaviour (Millard et al., 2023). Compassionate mind training (intervention designed to cultivate compassion) was proved to increase the score of self-compassion and reassured self and reduce scores in self-correction and inadequate self (Beaumont et al., 2021). Meta-analyses selected by systematic search report compassion-focused therapy can increase self-compassion, self-reassurance and self-soothing and decrease the prevalence of fear of self-compassion, self-criticism, depression and eating disorders (Millard et al., 2023; Vidal & Soldevilla, 2023). A study summarising accessible compassion-focused interventions suggests that these interventions often develop practices and techniques that can be used in a long-term way even after intervention completion (Kirby, 2016).

### *Gratitude*

Gratitude is recognising the value of positive occurrences in one's life or that one has been given something of value from another person and it is considered to be a learned trait. A growing body of experimental studies supports evidence of the benefits of gratitude for mental health. Recent findings show that gratitude is related to a number of positive mental health outcomes, for example, decreased psychopathology or positive relationships (Lomas et al., 2014). Gratitude interventions can be generally classified into two types - listing the things for which one is grateful and writing letters expressing gratitude to another person. Writing gratitude letters was proved to be an effective adjunctive intervention for psychotherapy (Wong et al., 2018). Some research suggests gratitude is relevant also in a work context, as it seems to boost job performance and job satisfaction (Cortini et al., 2019). Meta-analysis suggests that gratitude interventions have an effect (but small) on symptoms of depression and anxiety (Cregg & Cheavens, 2021) and that these interventions improve positive outcomes (well-being, life satisfaction) rather than negative outcomes (negative affect and stress) (Dickens, 2017).

### *Relaxation*

A relaxation approach to stress assumes that states of relaxation and stress cannot exist simultaneously in the body. And since it is impossible to experience both relaxation and stress at the same time, lowering stress is automatically achieved by increasing relaxation. Instead of addressing the source of stress, the approach aims to alleviate its symptoms (Holman et al., 2018). The relaxation approach is very broad and encompasses many different techniques and applications, from traditional progressive muscle relaxation to modern virtual reality relaxation (Riches et al., 2021). The goal of different relaxation techniques is to promote feelings of calmness and well-being psychologically and physically. In essence, relaxation is the process of cultivating pleasant and calming sensations, which physiologically decreases the activity of the sympathetic nervous system (Vambheim et al., 2021; Pilao et al., 2017). A recent meta-analysis suggests that relaxation-based intervention may be effective in treating anxiety and stress (and depression, to a smaller degree) (Hamdani et al., 2022; Kim & Kim, 2018). The myriad of relaxation techniques (e.g., progressive muscle relaxation) is primarily designed to be used independently, at home and on a regular basis.

Relaxation is a key element of approaches focusing on yoga and breathing regulation, and thus these approaches are necessarily categorised under the relaxation approach. However, for the purposes of this article, we have chosen to analyse breathing regulation and yoga as separate approaches as they offer a number of specificities and are also widely empirically researched as separate approaches.

### *Breathing regulation*

The regulated breathing approach involves deep and/or slow breathing, often at a certain pace. The technique of deep breathing (or diaphragmatic breathing) entails contracting the diaphragm, expanding the abdomen, and deepening the inhalation and exhalation, thereby reducing the overall rate of breathing. Research has shown that deep breathing training reduces the rate of not only psychological stress but also objective markers of physiological stress such as stress hormone levels and heart rate (Hopper et al., 2019). Meta-analyses selected by systematic search propose breathwork may be effective in reducing subjective anxiety and depression symptoms in the general population

(with small-to-medium mean effect sizes) (Fincham et al., 2023) and also may be (slightly) effective in reducing the pain of burn patients (analysis revealed a mix of insignificant and significant results) (Miri et al., 2022). The advantage of this approach is its straightforward and simple application, it can be used in the home environment, regularly and on a long-term basis.

### *Yoga*

Yoga is a practice that utilises changes in physical postures, breath rate, and mental states. There are several styles that vary in intensity, duration, and emphasis on individual components. Yoga as monotherapy or adjunctive therapy seems to demonstrate positive effects, especially for depression. As an adjunctive therapy, it assists in the treatment of anxiety-related disorders, particularly panic disorder (Saeed et al., 2019). Some research proposes effect of the yoga-based intervention on mental health outcomes might be mediated by mindfulness and self-compassion (Gard et al., 2012). Selected meta-analyses suggest yoga interventions may reduce depressive symptoms (Brinsley et al., 2021) and may increase psychological well-being (Hendriks et al., 2017).

## DISCUSSION

Long-term mental health care approaches, as we defined them, have considerable potential in improving public mental health. They can serve as a primary or complementary (along with psychotherapy) method of daily mental health care. This review has summarised a number of approaches that may fall within this definition, and it is clear that these approaches have been scientifically explored (albeit unevenly) for decades. The scientific evidence demonstrates their effectiveness in mental health care, at least in a partial way. However, scientific evidence is not the biggest challenge in this issue; the biggest challenge is the successful implementation of these approaches. These long-term approaches to mental health care absolutely need to be (at least in our opinion) part of children's education (national-level policies), a mandatory part of work stress solutions (which is already happening through the recent popularity of the mindfulness approach) and need to be part of mainstream culture.

Some examples of successful implementation already exist. For example, a growing number of studies have investigated the effect of mindfulness practice within a school context and indicated its positive effects (Hwang et al., 2017). Many of them demonstrate positive effects on teachers - for example in decreasing teachers' stress (Beshai et al., 2016; Gold et al. 2010; Roeser et al., 2013; Taylor et al. 2016); in interpersonal factors (Gouda et al. 2016); in decreasing burnout syndrome (Anderson et al., 1999; Flook et al., 2013; Jennings et al., 2013; Roeser et al., 2013); and distress, including somatisation, interpersonal sensitivity, hostility (Franco et al. 2010), anxiety, and depression (Anderson et al. 1999; Franco et al. 2010; Gold et al. 2010; Kemeny et al., 2012; Roeser et al., 2013). These positive effects can gradually be transferred to students - as a study by Singh et al. (2013) demonstrates. In this study, the effects of teachers' mindfulness practice transferred to their students reduced student maladaptive behaviour and negative interactions and increased compliance behaviours. The appropriateness of the school environment for mental health interventions/education is well demonstrated within the Finnish educational system, which is aimed towards the prevention and intervention of mental health disorders at almost all stages (Onnela et al., 2021). However, there is still a growing amount of mental health disorders within Finish school system (Ojala, 2017). Although it is important to implement long-term mental health care approaches in the educational process, most mental health problems are perpetuated and accentuated within a family, work environment of parents or social network outside of school organisation oversight (Pykett, 2023). Therefore, these approaches should go beyond the educational process and enter the family or work environment. Family context can either serve for increasing the resilience of mental health or diminish it (Onnela et al., 2021).

There are several empirical studies where researchers have observed the effectiveness of mindfulness programmes not only in a school environment but for employees as well. Many of these programmes are based on the eight-week training course developed by Jon Kabat-Zinn, which has been slightly adapted to facilitate its delivery in organisations. More intensive courses such as one-day or multi-day retreats and online courses have appeared and have had positive results (e.g., Jayewardene et al., 2017), however, there are doubts that they can achieve all the potential benefits (Langer & Moldoveanu, 2000). Hyland et al. (2015) justified the implementation of mindfulness programmes in the workplace based on four benefits: managing employee stress; improving the development of

high-potential workers; encouraging engagement and reducing burnout; and helping employees cope with organisational change.

It is also important to point out that long-term approaches to mental health can largely overlap with so-called self-help approaches. The differences in these approaches are mainly due to different perspectives, different degrees of expert guidance and different levels of scientific evidence. Long-term approaches to mental health, as defined in this article, should be scientifically sound and, at least initially, accompanied by expert guidance. Therefore, it is important to be cautious in using approaches that are not research-based and lack initial expert guidance (self-help). It has been shown that self-help can also have a negative impact on practitioners, especially if performed by individuals who suffer from low self-esteem (Wood et al., 2009), or individuals with poor access to information about these methods (Chang et al., 2021). This shortcoming can prove to be best bridged by adopting basic mental health care approaches into children's education with the assistance of trained professionals. Proper education about mental healthcare for not only students but also teachers, can boost the resilience for mental health disorders on every level. Of course, when needed, long-term approaches should be accompanied by professional psychotherapy.

These curriculum changes need to be included and supported on the national level. The public needs to be regularly informed about the necessity of independent mental health care and also informed about evidence-based approaches through which long-term mental health care is possible. Within these approaches, initial training sessions provided by professionals should be accessible. Of course, the path to such an ideal is not easy. Even if started immediately, creating supportive policies (at the level of states, the level of the education system, at the level of work organisations) will realistically take years and require an investment of considerable human and financial resources. However, the creation of this system is, in our view, essential if we are to reverse the negative and highly alarming trends in public mental health.

The presented article has its limits. The selection process of the reported approaches was very limited and unsystematic, as it is very difficult to construct a systematic process taking into account all of the criteria. It is therefore possible that promising and researched approaches were omitted from the analysis. Individual approaches have been investigated to varying degrees, so the scientific evidence in each approach cannot be compared. Also, the implementation examples mostly involve the mindfulness approach, as it is the most widely used in practice. Examples of implementation of other approaches are lacking.

However, we believe this article offers valuable insights into improving public mental health and suggests possible solutions to the problems outlined above. This article can serve as a source of information for mental health researchers as well as practitioners attempting to improve it.

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