



Journal of Fundamentals
of Mental Health



Mashhad University
of Medical Sciences



Psychiatry and Behavioral Sciences
Research Center

Original Article

The effect of mindfulness on the mental health in derelict and unsupervised adolescents in Gorgan city

Marzieh Barqamadi¹; Javanshir Asadi²; *Hasan Moosazadeh³

¹MA. in general psychology, Islamic Azad University, Branch of Gorgan, Gorgan, Iran.

²PhD. in general psychology, Assistant professor of Islamic Azad University, Branch of Gorgan, Gorgan, Iran.

³Young Researchers and Elite Club, Gorgan Center, Islamic Azad University, Gorgan, Iran.

Abstract

Introduction: Mental health is one of the development and advance components of every country and mental health is a state of psychological puberty. The current study aimed to examine mindfulness on mental health of derelict and unsupervised adolescents in Gorgan city.

Materials and Methods: The present study has been done on 30 derelict and unsupervised girls. Sampling was convenient among adolescents residing in well-being boarding centers. The experimental group received 8 two-hour sessions of mindfulness. Research instruments were mindfulness questionnaire and general health questionnaire. Data were analyzed by software SPSS-22 and by applying descriptive and inferential statistics (covariance analysis and Kolmogorov-Smirnov test).

Results: Findings of the research showed that the effect of mindfulness on mental health is statistically significant ($P=0.001$) and increased awareness of mind increases mental health.

Conclusion: Regarding findings of the research it can be stated that mindfulness had significant positive effect on mental health, also results of the research show that mindfulness had positive effect on reducing Physical symptoms, improving social activism and stopping the cycle of experiences and negative thoughts.

Keywords: Adolescents, Mental health, Mindfulness

Please cite this paper as:

Barqamadi M, Asadi J, Moosazadeh H. The effect of mindfulness on the mental health in derelict and unsupervised adolescents in Gorgan city. *Journal of Fundamentals of Mental Health* 2017; 19(3-Special Issue): 281-286.

Introduction

Mental health is a state of psychological maturity, which consists of maximum effectiveness and satisfaction obtained from personal and social interaction, which includes positive feelings and feedback towards oneself and others. He mentioned five behavioral patterns related to mental health: the sense of responsibility, self-confidence, goal

orientation, personal values, individuality, and unity (1).

One of the necessary conditions for achieving mental health is having a value system and, as Chahan says, benefiting from a series of personal and philosophical values based on beliefs, wishes, and ideals connected with the person's happiness and those around him. It is close and a necessary condition to get mental health (2).

*Corresponding Author:

Young Researchers and Elite Club, Gorgan Center, Islamic Azad University, Gorgan, Iran.

htmosazadeh@gmail.com

Received: Feb. 13, 2017

Accepted: Mar. 15, 2017

Ventiz considers mental health to depend on seven criteria: appropriate social behavior, freedom from worry and guilt, lack of mental illness, individual adequacy and self-control, self-acceptance and self-improvement, unification and organization of personality, openness, and flexibility. 2). Adolescent years are an important and outstanding stage of a person's social and psychological growth and development. During this period, the need for emotional and emotional balance, especially the balance between emotions and intellect, understanding the value of oneself, self-awareness (recognizing talents, abilities, and desires), choosing real goals in life, emotional independence from the family, establishing healthy relationships with others, gaining Necessary social skills, knowledge of healthy and effective life is one of the essential needs of teenagers (3).

The life of every child and teenager with a harmonious interaction with their parents under one roof is a common and acceptable expectation. Deviation from this norm and deprivation of children from their parents and family and living in the day and night institutions for those who have lost one of their parents for some reason and the conditions of living with their family do not exist for them. Necessarily in centers, institutions, and centers. They are kept and cared for, which is less like a family. Children and teenagers will face many problems, including low self-esteem, increased risk of physical and mental injuries, and especially depression. Unsupervised and abused teenagers are more at risk than other teenagers (4). In general, attaining physical, mental, social, and spiritual health is the primary need of every human being. Today, various methods are used to reduce tension and anxiety and treat diseases, such as relaxation and meditation (5).

Cognitive psychologists' Different explanatory models explain the factors affecting awareness and improving awareness. In this regard, the concept of conscious attention to the present has recently been proposed. Brown and Ryan have defined conscious attention to the present or living as a unique quality of alertness and attention to the moment-to-moment experience of life (6). Mindfulness is a form of meditation rooted in Eastern religious teachings and rituals, especially Buddhism (7). Conscious attention to the present is a clear awareness of the present reality and awareness of personal emotions in

which awareness and awareness are actively promoted (8). Absence of excessive mental preoccupation with the past or future, awareness of personal emotions, optimal performance of short-term memory in following current events, ability to concentrate in doing things, lack of haste in eating and doing life's tasks automatically are among the essential examples of conscious attention to It is now that it provides favorable cognitive conditions in dealing effectively with the issues and affairs of life (9).

Numerous studies show that mindfulness training for patients with mood and anxiety disorders significantly improves mental health. Also, its usefulness as an intervention method for a broad spectrum of chronic mental disorders has been shown (10). In general, mindfulness-based treatments are widely known to be effective for people with mood disorders, stress, treatment of eating disorders, and prevention of depression recurrence (11). In addition, conscious attention to the present is negatively related to complaints of physical symptoms (12). From the point of view of Islam, conscious attention to the present is one of the criteria for mental health. A conscious person breathes continuously in the present moment, and an unhealthy person is immersed in the past or the future (13).

Lack of thought control and preoccupation with negative thoughts that a person deals with obsessively affects the mental health of the person. Mental health, due to having cognitive mechanisms compatible with negative emotions, causes a person to show less mental preoccupation, better logical thinking, and a correct interpretation of what is happening moment by moment in the face of accidents and failures (14).

Various approaches have been used in treating psychological problems, and mindfulness as an effective treatment method has shown its impact in various fields. Due to the importance of conscious attention to the present, which can play an influential role in awareness related to well-being, the present study was conducted to investigate the impact of mindfulness on the mental health of homeless and poorly-supervised adolescents.

Materials and Methods

In this clinical research, two test and control groups and pre-test and post-test were used to investigate the effect of the independent

variable on the dependent variables. Sampling was obtained using the accessible method from among the community of homeless and poorly supervised teenagers (quasi-families) who live in day and night welfare centers in Gorgan city. First, they went to the boarding center in Gorgan city, where abused and homeless girls were kept, and 30 of them were selected and divided into two experimental and control groups.

Then mindfulness sessions were performed for the experimental group. After the implementation and training of mindfulness, in the end, the post-test was implemented for both experimental and control groups. Mindfulness sessions based on cognitive therapy include eight 2-hour sessions that are held weekly.

Research instruments

A) Mindfulness Questionnaires (MAAS): This test is a 15-question scale designed by Brown and Ryan (2003) to measure the level of awareness of attention to events and life experiences. The questions measure the construct of mindfulness based on a 6-point Likert scale, which ranges from 15 to 90 points. Moreover, a higher score indicates more mindfulness. Abdi has done the reliability and validity of this scale in Iran. The retest reliability coefficient of this scale has also been reported at a fixed interval of one month. The internal consistency of the test questions is reported from 80% to 87% based on Cronbach's alpha coefficient. Cronbach's alpha for the Persian sample is reported to be 81% in a sample of 723 students.

B) General Health Questionnaire (GHQ): This test consists of 28 items prepared by Goldberg and Hiller (1979), which examines the health status of a person on four scales: physical symptoms, anxiety and insomnia, social activity, and depression pay. Each scale has seven questions. This test has high reliability and Cronbach's alpha of 0.83. This questionnaire was validated in 2010 by Dr. Noorbala and colleagues.

The reliability coefficient of the Persian version of the 28-item public health questionnaire with a retest method with a time interval of 7 to 10 days on a group of 80 people has been estimated at 0.91, which is significant at the error level of one thousandth. Descriptive data of mean and standard deviation and inferential statistics of Kolmogorov-Smirnov

test and covariance analysis were analyzed using SPSS version 22 statistical software.

Intervention

The first session: taking the pre-test of setting the general policy, taking into account the aspect of confidentiality and personal life of people; Inviting participants to introduce themselves, raisin eating exercise, physical examination exercise, homework, discussion and determination of weekly meetings, distribution of tapes and pamphlets, first session, second session: physical examination exercise, exercise review, homework review, thoughts and feelings exercise, registration Pleasant events, sitting meditation for 1 to 10 minutes; The third session: practice seeing or hearing, 30 to 40 minutes of homework revision meditation, 3-minute breathing space practice and revision of walking with the presence of mind; Fourth session: 5-minute practice of seeing or hearing, 40 minutes of meditation, awareness of breathing, body, voice, and thoughts, and revision of the revision exercise, homework, setting homework; The fifth session: 40 minutes of sitting meditation, revision, revision exercise, homework, breathing space and its revision; Sixth session: 40-minute sitting meditation, awareness of body breathing, sounds and then review thoughts, homework review exercise, preparing to finish the course; Seventh session: 40 minutes sitting meditation, awareness of body breathing, sounds and then thoughts, revision of exercises, revision of household tasks, exercise of observing the relationship between activity and mood; Eighth session: review of past materials, summarizing and post-examination (15).

Results

The findings based show that the average pre-test score of the test group was 31.8 and the control group was 35.4 on the mental health scale; these scores were 16.8 and 16.8 in the control group reached 36.36.

Table 1 regarding the mental health scale also shows that considering the cut point of 6 in the subscales of the general health questionnaire, the scores of people in both research groups are higher than six, and they were at the clinical and pathological levels. These scores decreased after training the test group and reached the normal level, but the control group's scores remained at the same clinical level.

Table 1. Mean and standard deviation of pre-test and post-test scores of mental health components

Variable	Experimental group		Control group	
	Pre-test	Post-test	Pre-test	Post-test
Physical symptoms	6.7 ± 2.9	3.4 ± 1.6	8.8 ± 2.6	8.8 ± 2.3
Anxiety and insomnia	7.2 ± 4.4	3.9 ± 1.8	10.0 ± 2.2	10.2 ± 2.3
Social Performance	8.0 ± 3.4	4.9 ± 1.2	9.6 ± 1.6	9.7 ± 1.7
Depression	7.0 ± 1.2	4.5 ± 1.0	7.0 ± 1.2	7.6 ± 1.9

The results of Table 2 using the Kolmogorov-Smirnov test and covariance analysis are as follows. The effect of mindfulness training on mental health was statistically significant

($P \geq 0.001$, $F = 115.67$). The value of the eta coefficient shows that 0.81 changes in dependent variables were due to mindfulness training.

Table 2. The results of the dependent variables based on the Kolmogorov-Smirnov test

Dependent variable	SS	df	MS	F	P	ETA coefficient
Mental health	2591.9	1	2591.9	115.67	0.00	0.81

Regarding mental health scales, based on the data obtained from Table 3, it is as follows: The effect of mindfulness training on physical symptoms of anxiety was statistically significant ($P < 0.001$, $F = 40.54$).

The effect of mindfulness training on the symptoms of anxiety and insomnia was statistically significant ($P < 0.001$, $F = 50.84$). The effect of mindfulness training on social

performance was statistically significant ($P < 0.001$, $F = 65.30$). The effect of mindfulness training on depression was statistically significant ($P < 0.001$, $F = 28.31$).

Subjects' familiarity with the questions of the questionnaire in the pre-test did not affect their answers in the post-test, and this issue can be seen considering the effect of the pre-test.

Table 3. Results of mental health components

Components	SS	df	MS	F	P
Physical symptoms	169.06	1	169.06	40.54	0.00
Anxiety and insomnia	212.90	1	212.90	50.84	0.00
Social Performance	152.58	1	152.58	65.30	0.00
Depression	68.01	1	68.01	28.31	0.00

Discussion

Considering the impact that mindfulness has been able to have on the relevant variables, it can be said that this method can be an effective treatment method due to its various techniques and cognitive and mental principles. Considering that the homeless and poorly cared for people may face many problems, the relevant variables were reduced using the mindfulness method in the present study. This research shows that the effect of mindfulness training on mental health is significant, and mindfulness training has been an effective method in increasing mental health components. Considering the components of mental health and taking into account the relevant scales in the general explanation, it can be said that the mental and cognitive states of a person strongly affect the physical and mental

health of people, a person who has physical symptoms of illness, anxiety, depression, insomnia and Problems in the field of personal and social life indicate the existence of problems in a person's thoughts and attitude towards himself, life and the world. The existence of incompatible schemas, ineffective thoughts, and wrong cognitive structures makes a person unable to perceive the events around him correctly. On the other hand, this way of thinking causes problems in various biological-psychological and social fields of the person, which the issue of the negative cycle creates a return to problems. According to the definition of mindfulness, this treatment method, taking into account the various techniques used in cognitive, mental, and exercise fields, has been able to have a positive effect on reducing, also put mental health patient scales.

The results of this research are consistent with the results of previous research. For example, the results of Ahmadvand et al.'s (16) research, which was conducted to investigate the explanation of psychological well-being based on the components of mindfulness, showed that mindfulness is a strong predictor of psychological well-being. Also, in Oraki et al.'s research (17), the results showed that the intervention of cognitive therapy based on mindfulness positively affected the mental health of those seeking treatment.

The results of the research show that mindfulness has a positive effect on reducing physical symptoms. The results of this research are consistent with the researches of Mehrabzadeh Honarmand et al. (18), Zare et al. (19) and Nasimi Fard et al. (20). The findings of the research showed that the MBSR intervention, if the exercises are continued, can be effective in reducing pain intensity and reducing daily dysfunction, which is in line with the results of Dobkin and Zaho's research (21). In explaining the results, it can be said that the physical symptoms of the first scale It is mental health. In the beginning, when people experience nervous states, in fact, in order to be able to express their discomfort better, they react in the form of physical symptoms. It can be said that the root of these issues goes back to depression. These physical problems can be prevented by the process of thought control that occurs in mindfulness. Mindfulness due to various techniques of meditation, relaxation, and body scanning exercises that pay special attention to body parts, as well as paying attention to breathing or paying attention to the five senses and living in the moment and the connection between creation, thoughts, feelings and bodily sensations causes liberation. A person becomes alarmed by physical signs and reduces symptoms, consistent with Golpour and Mohammad Amini's research (22), which showed that mindfulness effectively improves self-expression and anxiety. Anxiety has a significant effect on people's minds and bodies. One of the first effects of anxiety is insomnia and restlessness. An anxious person cannot have a good sleep due to worry and anxiety. This insomnia makes a person irritable during

References

1. Chauhan SS. Mental hygiene –a science of adjustment. 2nd ed. New Delhi: Allied publisher; 1991.
2. Ventis WL. The relationships between religion and mental health. *J Soc Issu* 1995; 51(2): 33-48.

the day and is more sensitive to events. He cannot react appropriately. Mindfulness because it deals with the physical and mental aspects and keeps the person in the moment and can relax the muscles of the body, get rid of muscle tension, and bring peace of mind. According to the present study, mindfulness training can have a positive effect on social activity, and it is in line with the results of the study by Dave et al. Depressed people constantly deal with ineffective thoughts and wrong thoughts, and the contents of their thoughts are primarily failures and losses of the past, which itself causes a negative mood in the person and despair. Mindfulness with various techniques stops the cycle of negative experiences and thoughts.

Based on the principle of acceptance, one of the principles of mindfulness, a person is flexible towards accepting life issues even if they are harmful and can face problems more efficiently. In this way, a person even challenges his own beliefs because, during the process of mindfulness, a person realizes the existence of the predominance of his negative thoughts in the set of thoughts. Depressed people want to solve their problems by constantly thinking and ruminating. Depressed people do not process issues correctly, and the result obtained from processing thoughts will not be logical, which itself causes negative feelings and negative thoughts in the person. Mindfulness can prevent the cycle of negative thoughts.

Conclusion

Considering the impact that mindfulness has been able to have on the relevant variables, it can be said that this method can be an effective treatment method due to its various techniques and the cognitive and mental principles that it contains, according to the findings. Therefore, the research can state that, in general, mindfulness has had a significant positive impact on mental health, and the results of the research show that mindfulness has had a positive impact on reducing physical symptoms, improving social activity, and stopping the cycle of negative experiences and thoughts.

3. Khalatbary J, Qorban Shiroodi Sh, Rahbar Taramsari Kh, Kykhay F. [Compared the effectiveness of social skills training on self-expression and mental health of students with disabilities]. *Educational psychology of Islamic Azad University* 2010; 1(4): 71-86. (Persian)
4. Fayaz I, Kayani J. [Examined the mental health of foster children martyr and prayers in Shiraz]. *Psychology of exception* 2011; 2: 19-48. (Persian)
5. Mousavi SR, Movahedinia A. [Studied the relationship between prayers and general health among students of Kerman universities]. *Psychology of religion* 2011; 4(1): 105-20. (Persian)
6. Brown KW, Ryan RM. The benefits of being present: Mindfulness and its role in psychological well-being. *J Pers Soc Psychol* 2003; 84: 822-48.
7. Ost LG. (2008), Efficacy of the third wave of behavioral therapies: A systematic review and meta-analysis. *Behav Res Ther* 2008; 46: 296-321.
8. Abdi S. Causal relation of perspective taking, emotional comparing, sex role orientation, selfmonitoring, and emotion regulation with emotional empathy of university students. MS. Dissertation. Tabriz: Tabriz University, College of educational and psychology, 2007: 39-44. (Persian)
9. Brown KW, Ryan RM, Creswell JD. Addressing fundamental questions about mindfulness. *Psychol Inq* 2007; 18: 272-81.
10. McCracken L, Gauntlett-Gilbert J, Vowles KE. The role of mindfulness in a contextual cognitive behavioral analysis of chronic pain-related suffering and disability. *Pain* 2007; 131: 63-9.
11. Schenstrom A, Ronnberg S, Bodlund O. Mindfulness-based cognitive attitude training for primary care staff: A pilot study. *Complement Health Pract Rev* 2006; 3(11): 144-52.
12. Carlson LE, Brown KW. Validation of the mindful attention awareness scale in a cancer population. *J Psychosom Res* 2005; 58: 29-33.
13. Hashemian SA. [Psychology in wives of Islamic scientist]. 1st ed. Tehran: Payam Nour University; 2007: 167-82. (Persian)
14. Abdi S, Jalil Babapour Kh, Saderi Oskoe E. [The relationship between personality traits and mental health with mindfulness students]. *Journal of mental health* 2008; 10(4): 281-8. (Persian)
15. Abdul Qadir M, Kafi SM, Saberi A, Ariapooran S. [The effectiveness of mindfulness-based cognitive therapy and behavioral therapy to reduce pain perceptions, depression and anxiety in patients with chronic low back pain]. *Journal of Yazd University of Medical Sciences* 2013; 21(6): 795-807. (Persian)
16. Ahmadvand Z, Heidari Nasab L, Shaeeri M. [Explain the psychological well-being based on the components of mindfulness]. *Journal of health psychology* 2012; 2: 60-69. (Persian)
17. Oraki M, Bayat SH, khodadoost S. [Compared the efficacy of cognitive-behavioral intervention model based on mindfulness-based cognitive therapy intervention effectiveness of Marlatt in militant-related mental health treatment crack]. *Journal of health psychology* 2013; 1: 22-31. (Persian)
18. Mehrabizade Honarmand M, Ahmadi A, Zargar Y, Shahbazian H, Khadivi M. [The effect of mindfulness based cognitive therapy on systolic and diastolic blood pressure]. *Journal of medical sciences* 2013; 21: 244-54. (Persian)
19. Zare H, Zare M, Khaleghi Delawar F, Amir Abadi F, Shahriari H. [Mindfulness and diabetes: The effectiveness of mindfulness-based stress reduction to manage diabetes]. *Journal of medical science* 2013; 20: 39-47. (Persian)
20. Nasimi Far N, Heydari AR, Davoodi I. [Mindfulness-based stress reduction therapy to reduce chronic pain in women with chronic musculoskeletal pain]. *Proceeding of the first congress of health psychology. Ahvaz, 2012.* (Persian)
21. Dobkin PL, Zhao P. Increased mindfulness: The active component of the mindfulness-based stress reduction program? *Complement Ther Clin Pract* 2011; 17: 22-7.
22. Golpour Chamarkoochi R, Mohammad Amin Z. [The effectiveness of stress reduction, mindfulness based on improving mindfulness and increasing assertiveness in students with test anxiety]. *Journal of school psychology* 2012; 1(3): 82-100. (Persian)
23. Deyo M, Kimberly A, Jason Ong W, Koopman C. Mindfulness and rumination: Does mindfulness training lead to reductions in the ruminative thinking associated with depression? *J Sci Heal* 2009; 5(5): 265-71.