Development of a Low Intensity Mindfulness-Based Cognitive Behavioral Intervention for use with Medically Underserved Populations

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Background: Access to adequate healthcare services is a problem throughout the United States. In Florida, there are an estimated 3.9 million uninsured individuals (Kaiser Family Foundation, 2014). While this situation may be addressed to some extent by the implementation of the Affordable Care Act (ACA), access to behavioral healthcare is a particular problem. A 2007 psychiatric epidemiological study found that 30% of the general U.S. population needs mental health care and only about one-third of those individuals get the mental health care they need (Messias et al., 2007). In terms of diagnosed disorders, prevalence data indicate that 6.7% of the U.S. adult population has a diagnosis of Major Depressive Disorder and 18.1% have a diagnosis of any of the anxiety disorders (Kessler et al., 2005). There are also shortages of behavioral health professionals (Thomas et al., 2009).

To address the unmet mental health needs in their populations, a number of countries with national health services have put substantial resources into the development of Low Intensity Cognitive Behavioral interventions (LI CBT) which adapt evidence-based psychological treatments considered best practices into models that can be disseminated more broadly and cost efficiently.

Objectives: The goal of this special project was to address unmet behavioral health needs of the medically underserved of Alachua County, Florida through the development of an evidence-based Low Intensity Mindfulness-Based Cognitive Behavioral (LI CBT) Intervention Tool that can be disseminated by briefly trained undergraduate volunteers in UF Health’s Mobile Outreach and Equal Access Clinics.

Methods and Results: An informal needs assessment was conducted. From that information and process, a Low Intensity Mindfulness-Based Brief Behavioral Health Intervention Tool, or Blue Card, was developed and pre-tested in the UF Mobile Outreach and Equal Access Clinics. A brief training PowerPoint presentation and other forms were also developed, as were administration and evaluation plans. This tool will be disseminated (in 5 or 10 minutes) by trained undergraduate volunteers, who will follow-up and encourage these patients via weekly telephone calls.

Conclusion: Following work in other countries on Low Intensity CBT interventions, a Low Intensity Mindfulness-Based Brief Behavioral Health Intervention Tool was developed, with a training PowerPoint presentation, to be administered by undergraduate volunteers on the UF Mobile Outreach and Equal Access Clinics. Process and impact evaluations will be conducted in the coming months.

References