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IN DEPTH ARTICLE: COMMENTARY

Finding Time for Mindfulness: in Education, Clinical Practice, and Our Lives

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There is a rapidly growing consensus in recent years that mindfulness is useful and effective and leads to sustainable well-being. And even better, it is free of charge and does not require taking a pill. Studies have shown that it can improve clinical care, decrease burnout, and promote wellness for both patient and provider. But for it to become widespread in our profession, it must be institutionalized. High quality evidence exists for the use of mindfulness as a therapeutic intervention for specific patient populations and as training for mental health professionals. This past year, Dr. Anita Everett, the president of the American Psychiatric Association, held a town hall at the Annual Meeting entitled "Physician Wellness and Burnout," due to the overwhelming evidence that many physicians are struggling with this issue (and psychiatrists in particular) [1, 2]. Currently, mindfulness education for our trainees is sporadic and left up to the judgment of individual medical schools and residencies. It is an afterthought, and so it often ends up in the bin of "not enough time for that." Despite ample research demonstrating its effectiveness and a clear clinical demand, the field of psychiatry has not yet translated these findings into basic training. In the April issue of *Academic Psychiatry*, the article by Grabovac and Burrell provides a competency-based framework through which Canadian psychiatric residencies could structure training in mindfulness-based interventions (MBIs) [3]. In this commentary, we propose how and why it is time for us here in the USA to catch up!

Clinician Mindfulness

Mindfulness training can be personally beneficial and help to address some of the challenges that clinicians face in the field. Several studies show that when clinicians practice mindfulness, it can decrease burnout, increase work satisfaction, and enhance therapist qualities such as empathy and compassion [4, 5]. Mindfulness work can also help clinicians improve their skills in other therapeutic modalities such as motivational interviewing, which emphasizes "mindfully attending to the therapeutic relationship" throughout a patient's treatment [6]. Additionally, clinician mindfulness training and practice is associated with improved patient outcomes [7]. Recent research demonstrates that it can reduce implicit bias in clinicians and therefore help to decrease the gap in health care disparities [8]. Given the practice gaps our field faces, it would make sense to include mindfulness training as part of psychiatric residency programs.

Mindfulness in Psychiatric Training

In their article, Grabovac and Burrell articulate a blueprint for how mindfulness education can be folded into the existing competency-based framework for Canadian psychiatry postgraduate programs. The suggested model divides training into three tiers: basic, advanced, and leadership. The rationale behind this idea is that mindfulness is not for everyone, and the authors are not expecting all clinicians to develop a mindfulness practice for themselves. Basic standardized didactics would introduce core understanding and practical approaches to mindfulness, while also establishing basic guidelines for the assessment and appropriate referral of patients for MBIs. Advanced and leadership training would be given to those individuals who will be practicing mindfulness themselves and will be providing MBIs directly to their patients. Mindfulness interventions are generally thought to require

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an experienced and "practicing" medical provider—similar to classic psychoanalysis. A clinician's own practice of mindfulness is thought to be essential for effective delivery and likely for educational leadership as well. What is so inspiring about the article is that it not only includes a design for how to implement the education of psychiatry residents, but also for how to develop the individuals who will deliver it.

The authors also provide an excellent summary of the benefits and challenges of teaching mindfulness. They identify the common stigma that mindfulness "favors acceptance over taking action" as one major hurdle. In reality, mindfulness is at the very basis of creating change—being open to novel ideas, becoming unbound by our rules and routines, and developing engagement [9]. This is the mindset we want to develop for our patients and for ourselves as clinicians. It is of note that Grabovac and Burrell steer clear of recommending mindfulness training for the benefit of the practitioner's own mental health. In years past, practitioners were expected to engage in their own therapy, yet this edict has been discarded for a variety of reasons. Similar to sleep hygiene and exercise, mindfulness training differs from therapy in that it is not only for those with challenges, but is also a tool that promotes well-being.

Next Steps

Although it is difficult to quantify the lag time from research discovery to widespread implementation, Morris et al. attempted to do just that—and settled upon a lag time of 17 years [10]! We are hopeful that it will not take quite this long to bring mindfulness to our psychiatric trainees. After all, the time may be ripe: the Accreditation Council for Graduate Medical Education is in the process of transitioning to a new accreditation system that rewards innovation in programs, and they already have their own initiative on promoting physician well-being [11]. A cleverly designed MBI training program might serve a dual purpose in this regard. It seems both practical and desirable to have significant faculty involvement, not only for improved training for the residents but for increased well-being among the faculty themselves. Given that mindfulness training seems to be a win-win, the key will be to create a sharp, clear-eyed plan for implementation here in the USA, which is comparable to the one developed by our Canadian colleagues. As they say—if you build it, they will come and be mindful.

Compliance with Ethical Standards

Disclosure On behalf of all authors, the corresponding author states that there is no conflict of interest.

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