

Rx mindfulness

• *heal the patient* • *heal the healer* • *heal the system* •

Musings on mindfulness, medicine and the mysteries of life

On spirituality and science:

- spirituality as the missing link in modern culture, mindfulness as a gateway to spirituality
- spirituality and science are beginning to converge, however the science is still yet to completely catch up and even where it has medicine is a slow adopter (still working in Newtonian rather than quantum physics world)
- modern science is less objective, definitive and evidence-based than we like to think. It provides often only a partial and changeable view and is subject to funding and publication bias, and coloured by researcher's values. It can't always measure what matters - do we really need an RCT to prove that humans need love to flourish?
- when medicine and science become too arrogant they operate like an extremist religion and become blind to their own limitations and biases

On 'mental illness':

- mental health crisis as 'spiritual crisis' - reframe positively as opportunity for growth
- is there really such a thing as 'mental illness'? Because that implies mind is separate from the body which mind-body medicine no tells us it isn't e.g. chronic pain

On chronic pain:

- it's not mind or body it's mind **and** body
- pain as a teacher, body as messenger
- pain as unprocessed trauma (physical/emotional/spiritual...) which manifests physically as blockages to subtle energy flow in the body
- modern medicine can contribute to chronic pain by over-diagnosis and negative messaging
- modern medicine has little useful to offer for chronic pain

On society:

- most of the world's modern problems have their origin in the neoliberal paradigm our society is founded on: that of separateness and individualism. This leads to a culture of competition, fear and scarcity
- mindfulness, through direct experience gives us a deep awareness of what indigenous cultures and the mystics have always known: that this paradigm is flawed - in fact everything is interconnected and interdependent (it's a quantum rather than Newtonian world)

On disease, wellbeing and healthcare:

- what this means for health and healthcare is that these are also defined according to this flawed paradigm. The result is the biomedical model: 'health' becomes narrowly defined as the absence of diagnosable physical disease, and healthcare is applying drugs and surgery to 'fix' the ailing body part when it presents

- this has worked to a point but we are now starting to see a break down in the sustainability of this model (the health system is 'unwell'): there are now rising epidemics of mental illness, non communicable disease including obesity, diabetes, chronic pain, people are living longer in poorer health, healthcare workers are burnt out and disillusioned, medical misadventure is a leading cause of disability, global antimicrobial resistance is escalating, inequality of access and outcome is present, and healthcare systems cannot meet increasing financial and patient demands. Future threats like climate change will only increase demand on the system.
- a new approach is needed that is grounded in a new paradigm: one of interconnectedness and care
- indigenous models of health and wellbeing that take an holistic whole person and whole ecosystem approach are spot on e.g. the Maori model of hauora te whare tapa wha which encompasses physical, spiritual, whanau, mental and environment. Disease therefore occurs when there is an imbalance in the whole and can be seen as the result of the net effect of stressors (derived from any of the components) outweighing an ability to cope with these stressors (resilience)
- mind-body medicine and energy medicine are the next frontier, mindfulness as a subset of this
- see attached appendix for further details on proposal for a 'brave new healthcare system'

On mindfulness and health:

- 3 critical roles of mindfulness in enhancing health/healthcare:
 1. Positive direct effect on health
 2. Positive indirect effect on health (health promotion tool)
 3. Positive effect on healthcare system design and performance (embodied mindfulness in action in healthcare)
- Practically we need to take a population health approach to mindfulness: 'mindfulness to the masses', proportionate universalism: children, parents, teachers, healthcare workers, patients, leaders
- some caveats about mindfulness and health: goal must be insight not health, beware Mc Mindfulness, not necessarily a panacea, timing and readiness important
- best bang for buck when combined with psychotherapy and body work (beware spiritual bypass)

Mindful action for health:

- Mindfulness for Change's Healing Healthcare Working Group
- start a conversation and a 'healing healthcare' movement - be a voice in main stream media and healthcare arenas; lobby politicians
- **submit to Mental Health Inquiry advocating mindfulness** <https://www.dia.govt.nz/Government-Inquiry-into-Mental-Health-and-Addiction> Email: mentalhealthinquiry@dia.govt.nz

Inspirations/influences:

- Bruno Cayoun: Mindfulness integrated CBT for well-being and personal growth
- Bessel Van Der Kolk, MD: The Body Keeps Score. Brain, mind, and body in the healing of trauma
- Drs Ian and Ruth Gawler, The Gawler Foundation <https://gawler.org/>
- Dr Lissa Rankin: Mind over medicine
- Dr Bruce Lipton: The biology of belief
- Charles Eisenstein: The more beautiful world our hearts know is possible
- Eckhart Tolle: The power of now; A new earth
- Dr Neha Sangwan: Intuitive Intelligence <https://www.radionz.co.nz/national/programmes/saturday/audio/201836260/dr-neha-sangwan-stress-communication-and-healthcare>
- Reggie Ray: Ocean Dharma, somatic meditation
- Carolyn Myss: Anatomy of the spirit; The science of medicine intuition
- Dr Anne Marie Chiasson: Energy healing (online course)
- Robin Youngson: Hearts in Healthcare heartsinhealthcare.com
- Catherine Lucas: In case of spiritual emergency. moving successfully through your awakening
- My qi gong, yoga and pilates teachers at Bodylight: bodylight.co.nz
- Grant and Natasha Rix: Pause Breathe Smile <https://mindfulnesseducation.nz>
- The Heartmath Institute: heart/brain coherence, heart intelligence <https://www.heartmath.org/>
- Albert Einstein <https://www.goalcast.com/2017/03/29/top-30-most-inspiring-albert-einstein-quotes/>
- Dr Peter Kindeman: A prescription for psychiatry

Appendix: vision of a brave new healthcare system

Premise: current healthcare system unsustainable because it is operating in a flawed paradigm; approaching events will see system failure

Flawed paradigm: separation (of parts of people, between people, and between people and other aspects of the ecosystem), leading to a neoliberal individualistic fear-based society, which in medicine manifests as uncompassionate, profit driven, reductionist, deficit focussed model

The vision: Found the system on a new societal paradigm that acknowledges the interconnectedness and interdependency of all parts of the whole, aligning with te Ao Maori and leading to a culture of caring, compassion and working together. From this foundation build an integrated holistic empowering healthcare system that promotes and supports individual, collective and planetary wellbeing

The operational plan for NZ:

- change the working definition of health from 'the absence of diagnosable physical or mental disease' to the 'overall wellbeing' (see below) and the goal of healthcare from one of 'prolonging life and curing disease', to 'facilitating wellbeing and reducing suffering'
- make this goal explicit and accountable: 'wellbeing' as a national health target
- as well as improved wellbeing being a desirable outcome in its own right, it will have important co-benefits: economic savings, reduced crime, improved productivity, reduced inequality, environmental benefits, improved social cohesion etc
- Note suggested new working definition of health/overall wellbeing = *"Health is the experience of physical and psychological well-being. Good health and poor health do not occur as a dichotomy, but as a continuum. The absence of disease or disability is neither sufficient nor " necessary to produce a state of good health."* Alan Card

A wellbeing centric system:

- recognises the wide ranging determinants of wellbeing, and embraces holistic Maori health models such as te whare tapa wha, te wheke and te pae mahutonga
- understands that 'disease' or poor wellbeing arises from unmet need - an imbalance between exposure to stressors (biopsychosocial, including own thoughts and emotions) and an ability to cope with stressors (resilience)
- focuses primarily on accessible disease prevention and promotion of overall wellbeing, rather than on treating physical disease in individuals
- sees illness as a message and an opportunity rather than a failure
- is free and universally accessible, focuses on equality of wellbeing
- a recognised population health prevention model (primary, secondary, tertiary prevention) is used as follows:

Primary prevention: both reduced exposure to stressors (first dart [from Buddhist psychology] reduction), and increase resilience to stressors (second dart reduction)

- focus on the first 1000 days
- reduce stressors (first dart reduction): address social determinants of health at central and local government level i.e. education, housing, social development, transportation etc
- improve resilience (second dart reduction): 'mindfulness to this masses' (including mind-body therapies) - this involves neuroscience and psychology integrated mindfulness training with a focus on children and youth (mindful parenting integrated into Well Child services, mindfulness in ECEC and schools)

- 'wellbeing in all policies': one health i.e. impact on of any policy on entire ecosystem health/wellbeing considered using a 'wellbeing impact assessment' tool. Work intersectorially.
- Proportionate universality: target those at most risk of exposure to stressors, and those in positions to influence those at high risk of stressors = everyone, those at particular risk are children and those who are involved in raising/educating them (teachers, ECEC workers, parents, parents to be, caregivers, foster parents), leaders, healthcare professionals, prisoners.
- building community capacity

Secondary prevention:

- identify those with poor resilience and/or sub-clinical low grade symptoms/signs of poor wellbeing but who are still functioning, and/or limiting beliefs/emotional states/attitudes that predispose to poor wellbeing
- how?: screening questionnaire (wellbeing and mindfulness scales) in schools, workplaces, primary care, hospitals, prison...questionnaire assesses non specific symptoms like fatigue, low energy, mood, thoughts, attitudes, beliefs, relationships
- intervention: multipronged, like in primary prevention but more intensive and personalised (individual case manager/care navigator e.g. GP) e.g. mindfulness based interventions (e.g. MICBT, MBSR), nutrition, lifestyle changes, mind-body therapies, residential wellness retreats, refer to outpatient healing sanctuary etc.

Tertiary prevention:

- universally accessible, free
- Integration of the best of evidence based western medicine and CAIM (complementary alternative and integrative medicine) with focus on empowering people to improve own wellbeing through low cost low tech mind-body interventions with an holistic care navigator/guide (possibly medical intuitive). Note the synergistic effect of mindfulness and psychotherapeutic interventions - ideally they should be integrated (e.g. MICBT) for more bang for buck
- Whole person (including family and community) approach to every acute presentation: Treat any emergency medical issue with allopathic medicine as necessary, but always accompanied by holistic review
- Residential and outpatient 'healing sanctuaries' = the new hospitals (integration of western medicine and CAIM)
- Regulation of practitioners and training across all modalities of healthcare
- Prioritise wellbeing of healthcare professionals as well as patients: ongoing 'heal the healer' training mandatory for student and practising health professionals
- healthcare system health targets replaced with 'wellbeing targets' which whole of government rather than just healthcare sector responsible

Implementation (the path to market):

- decide priorities: if can't afford both first and second dart reduction up front which mix to do first?
- Immediate low hanging fruit: mindfulness based interventions in schools and primary care - immediate benefits
- for most sustainable and cost effective results: focus on first 1000 days (prevention better than cure), but acknowledge may take years for full benefits to manifest