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## Is meditation conducive to mental well-being for adolescents? An integrative review for mental health nursing



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### ABSTRACT

Childhood mental health problems not only incur a financial burden but more importantly damages individual and family well-being, which compels mental care practitioners to search for solutions, among which meditation is a more economical method. This integrative review investigates the effectiveness of meditation on psychological problems for adolescents under age of 20 through different types of meditation, though mainly mindfulness-based modes. The 36 reviewed publications include quantitative, qualitative and mixed methods research, conducted in North America, Europe, and the Asia Pacific region, related to developmental disabilities, emotional problems, and mental illnesses. Outcomes indicate a decrease in self-harm thoughts, disruptive behaviour, stress, anxiety, impulsivity, and psychological distress; and improvements in self-control, quality of sleep, emotional regulation, executive function, anger management, and social competence, resulting in better academic performance, quality of life, mental wellness, and child-parent relationships. This review suggests the integration of meditation into physical activities, and music and art therapies, as well as randomised controlled trials to examine such synthesis of these disciplines. In conclusion, meditation is a potential curative and preventive measure, both low cost and non-intrusive, for the promotion of adolescent mental wellness. This sheds light on nurses who look after children with mental health.

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## 1. Introduction

A survey (Chisholm, 2013) reports that more than 10% of global health costs are related to mental illnesses, including expenses associated with childhood mental health. Over 10% of adolescents around the world suffer from mental disorders, including emotional problems, disruptive behaviours and developmental disabilities; half of patients with mental illnesses first shown signs of illness by age 14, and 75% by their mid-20s (World Health Organisation, 2014). This issue creates a heavy burden for many countries and exerts an urgent need to develop childhood mental care services (Patel, Kieling, Maulik, & Divan, 2013), to which nurses in mental health for children also pay attention.

In order to reduce such tremendous public health expenditures, policy makers seek to acquire low cost solutions, among which meditation, as a complementary and alternative medicine (van der Watt, Laugharne, & Janca, 2008), has increasingly been used (Bonadonna, 2003) in the form of mind-body therapy (Barnes, Bloom, & Nahin, 2008). Research outcomes report the effectiveness of meditation on mental illnesses (Welwood, 1980) such as anorexia (Engler, 1984), anxiety (Delmonte, 1985), and stress (Loizzo, 2000).

Among the various types of meditation, mindfulness, a mind-body approach (Halliwell, undated) rooted in Buddhism (Keune & Forintos, 2010), has attracted particular attention in the mental care field. Mindfulness is “optimally cultivated through meditation” (Kabat-Zinn, 2014b, p. 342), indicating the connection between mindfulness and meditation (Boellinghaus, Jones, & Hutton, 2014). It has been widely adopted in psychotherapeutic settings as a technique (Myint, 2010) which is capable of achieving mental well-being (Roche, Haar, & Luthans, 2014); for example, acceptance and commitment therapy (Kocovski, Fleming, & Rector, 2009), cognitive behavioural therapy (Hamilton, Kitzman, & Guyotte, 2006), and dialectical behavioural therapy (Soler et al., 2012).

Mindfulness-based approaches have been incorporated into treatments for various challenges, including cancer recurrence (Thornton et al., 2014), post-traumatic stress disorder (Kalill, Treanor, & Roemer, 2014), bipolar disorder (Perich, Manicavasagar, Mitchell, & Ball, 2015), and life difficulties (Yeary, 2013). They also apply to different specific groups, such as adults with Williams syndrome (Miodrag, Lense, & Dykens, 2013), university students suffering from study stress (de Vibe et al., 2013), and survivors of childhood trauma (Kimbrough, Magyari, Langenberg, Chesney, & Berman, 2010; Lord, 2013; Michal et al., 2007; Perona-Garcelan et al., 2014).

Also, mindfulness-related treatments are effective for adolescents (Harnett & Dawe, 2012; Langer, Cohen, & Djikic, 2012) with different mental problems, including, stress (Smith & Womack, 1987), test anxiety (Cunha & Paiva, 2012), eating disorders (Godsey, 2013), and Asperger’s syndrome (Russell, 2011). Practising mindfulness-based meditation results in better and more accurate memory (Hammond, Wagstaff, & Cole, 2006), inhibitory control (Oberle, Schonert-Reichl, Lawlor, & Thomson, 2012), and resilience (Meiklejohn et al., 2012). Thus, such interventions are suggested for utilisation as a potential tool for treating children (Burke, 2010; Sharma, 2014), including those with developmental disabilities (Hastings & Manikam, 2013).

In spite of recent reviews (Burke, 2010; Sharma, 2014) attaining positive indicators of meditation in mental care programmes, these reviews have focused only on mindfulness-related treatments, resulting in a paucity of reviews on other meditation approaches. The present integrative review looks into the effects of meditation-oriented therapies on adolescent mental wellness, offering more alternatives for researchers, practitioners and clients to cope with psychological problems and promote mental health.

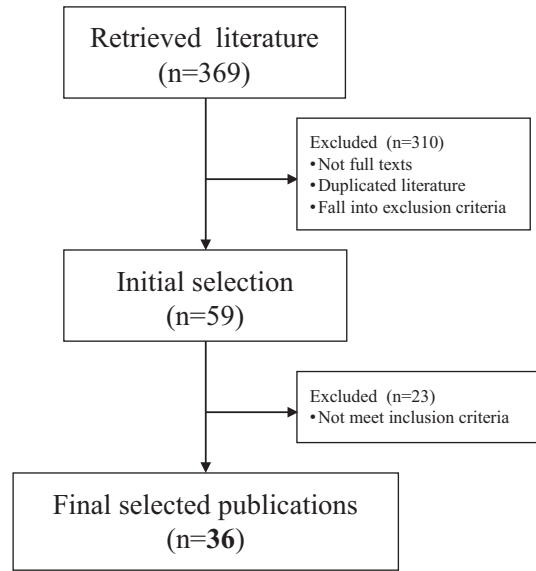


Fig. 1. Selection Procedures.

Its result aims at gaining insight into nurses in mental health, in particular, for those who take care of children affected by mental disorders.

## 2. Research method

### 2.1. Search strategy

This integrative review searched 58 major databases in Pro-Quest, including British Nursing Index, ERIC, MEDLINE, PILOTS, PsycARTICLES, and PsycINFO, selecting the check boxes labelled “peer reviewed” and “scholarly journals”. By inputting “child\* or adolescen\* or youth” and “meditation or mindfulness” into the “document title” field in order to target relevant papers, 74 publications were listed, as well as 295 pieces with “identifier”, totalling 369 works.

### 2.2. Eligibility criteria

The inclusion criteria included first, papers which are published before July 2014, including Online First publications; second, empirical studies, covering quantitative research and qualitative enquiries; and lastly, different forms of meditation. However, this review excluded dissertations, conference papers, case reports, letters, book reviews, literature reviews, research notes, editorials and commentaries.

### 2.3. Selection procedures

The listed 369 publications were skimmed through ruling out duplications and those in the exclusion criteria. The remaining 59 full texts then underwent a second screening through examination of abstracts, resulting in the retrieval of 36 empirical investigations (refer to Fig. 1) which were analysed for their themes, target participants, research design, and outcomes.

## 3. Results

The 36 reviewed papers involved 3115 adolescents aged 7–19 years in North America (USA and Canada), Europe (The Nether-

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