**INTRODUCTION & PURPOSE**

Meditative Exercise Intervention to bridge the gap between physical & mental wellness in a psychiatric inpatient setting

Lack of integration between physical and mental wellness in our mental health treatment model

*Those with mental illness...*
- Have increased risk for impaired physical well-being
- Have increased morbidity and mortality rates

Qigong is a meditative exercise that consists of coordinated body posture, movement, breathing, and meditation
- Promotes relaxation
- Decreases symptomatic output
- Reduces clinical somatic symptoms

**Purpose:** Implementation of meditative exercise activity
- Reinforce interconnectedness of mental & physical well-being
- Empower patients and encourage self-management

**OBJECTIVES**
- Provide alternative coping mechanism
- Incorporate physical activity, meditative breathing, and body movement
- Reinforce holistic wellness: total wellness is achieved when physical and mental health are in harmony

**RESULTS CONTINUED**

Paired samples t-test used to compare pre & post mean scores

MFEQ:
- Statistical significance was demonstrated in the scores of the pre-MFEQ tool (M=10.3, SD=4.35) and post-MFEQ tool (M=6.65, SD=2.27; t(19)=3.41, p=0.003)

SWEMWBS:
- Statistical significance was demonstrated in the score of the pre SWEMWBS tool (M=16.6, SD=2.9) and post SWEMWBS tool (17.9, SD=2.9); t(19)=3.4, p=0.003

Results indicate an increase in mood and well-being following two meditative exercise sessions

**DISCUSSION & IMPLICATIONS**

Implementation of meditative exercise can provide an alternative form of adaptive coping

Exercise as an effective non-pharmacological alternative to manage and reduce symptomologies associated with mental illness

Integration of meditative exercise into a mental health inpatient environment:
- An inexpensive, holistic, and underused intervention that can assist in the management of mental health symptoms
- Provides patient empowerment in the self-management of their mental and physical health

**Changes in Policy and Current Treatment Model:**
- Increased access to exercise-based interventions
- Emphasis on prevention & integrative wellness
- Improved understanding, monitoring, and self-control on psychosocial well-being

**REFERENCES**

**CONTACT INFO**
- Jessica L. Susan, DNP Student, BA, BSN, RN-BC
- DNP Chair: Dr. Kathleen L. Patusky, PhD, MA, RN, CNS
- DNP Team Member: Dr. Ann Bagchi PhD, DNP, FNP-C, APN

**METHODOLOGY**

**DESIGN**
A quality improvement project; pre-test, post-test design.

**SETTING**
30-bed, short-term, voluntary, inpatient psychiatric setting at a medical center in Central, NJ.

**SAMPLE**
(n=20) included male and female inpatients, >18 years of age, admitted with an acute psychiatric diagnosis for inpatient treatment.

**INTERVENTIONS**
Meditative exercise group activity two times per week over 4-weeks. Two 25 minute sessions. All patients were encouraged to attend.

Video-streaming: Yoga, guided by Marisa Cranfill, certified Qigong instructor.

**SUMMARY**
- Three dichotomous questions assess perceived benefit
- The Mood & Feelings Questionnaire (MFEQ) to evaluate mood
- The Short Warwick Edinburgh Mood & Well-being Scale (SWEMWBS) to evaluate mood & overall well-being

**SWEMWBS tool**
- Significant improvement in the SWEMWBS total score with a mean difference of 5.2 points (p=0.003)

**MFEQ tool**
- Significant improvement in the MFEQ with a mean difference of 3.7 points (p=0.003)

**RESULTS**
An average decrease in the MFQ scores seen in Fig 3. indicated an improvement in mood following the intervention.

**PERCEIVED BENEFIT OF MEDITATIVE EXERCISE:**
- Question 1: Did you find meditative exercise to be beneficial in managing your mood, anxiety, and stress?

**AVERAGE MFQ SCORES BEFORE & AFTER MEDITATIVE EXERCISE:**
- An increase in SWEMWBS scores (Fig 4.) was seen for the following items: optimism, usefulness, and relaxation

**Average SWEMWBS Well-being Scores**
- Pre-test: 16.6, Post-test: 22.9
- Pre-test: 69%, Post-test: 75%
- Pre-test: 25%, Post-test: 35%
- Pre-test: 15%, Post-test: 25%

**Qigong, developed by Eastern cultures, has been shown to**
- Optimize energy
- Sustain positive emotional states
- Attenuate the body's stress reactivity response to acute mental stress
- Reduce distress rates through down-regulation of HPA axis (Ponzio et al., 2015)
- Minimize sympathetic activation, providing positive changes in the central nervous system and neurochemical systems (Yost & Taylor, 2013)

**EMPIRICAL STUDY**

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