

# Enhancing Caregiver Well-Being: A Mindfulness Proposal

May 1, 2026

## abstract

*Informal caregivers are the backbone of the Australian health system, yet they often navigate their roles in silence and exhaustion. This proposal outlines a community-based mindfulness program designed to provide these individuals with a sanctuary of their own. By integrating evidence-based mindfulness practices within local community health systems, the program aims to shift the focus from ‘managing burden’ to ‘fostering resilience.’*

*The following table outlines the structural design, methodology, and implementation strategy submitted for the Allied Health Research Grants.*

Program proposal: allied health research grants framework	
Key information	
Chief Investigator Name	(name)
Project title	Enhancing Caregiver Well-Being: An Ongoing Community-Based Mindfulness Program for Informal Caregivers in Australia
Project summary or abstract	<p>Informal caregivers often experience significant psychological and physical burdens such as high levels of stress, anxiety, depression, social isolation due to the demanding nature of their roles (Sánchez-Pérez et al., 2024; Zhang et al., 2024; Cheung et al., 2020; Antoniou et al., 2021). In Australia, many caregivers experience feelings of isolation and lack access to supportive resources (Mylek et al., 2024).</p> <p>Mindfulness-Based Interventions (MBIs) such as Mindfulness-Based Stress</p>

	<p>Reduction (MBSR) and Mindfulness-Based Cognitive Therapy (MBCT) have demonstrated promising outcomes in reducing caregiver distress and improving well-being (Smith et al., 2019). However, most existing programs are short-term and lack community-based continuity.</p> <p>This research project aims to develop and evaluate a sustainable, community-based mindfulness program specifically tailored to caregivers in Australia. The intervention will consist of an 8-week structured program followed by ongoing monthly follow-up sessions and access to an online peer support platform. The program will draw upon different MBIs and Dadirri, an Aboriginal practice.</p> <p>Using a mixed-methods design, the study will assess changes in caregiver burden, psychological distress, resilience, mindfulness, and social connectedness at baseline, post-intervention, and at 3, 6, and 12 months. Quantitative data will be collected using psychological scales, while qualitative insights will be gathered through in-depth interviews with participants. The long-term goal is to create a scalable, low-cost model for community-based mindfulness programs that support informal caregivers' mental health and promote social connection.</p>
Requested resources	<p>The successful delivery of this program relies on a blend of specialized expertise, accessible environments, and intentional tools:</p> <p><b>Human Expertise:</b> A multidisciplinary team including a Program Coordinator, Research Assistant, and Clinical Psychologist (for supervision), supported by facilitators certified in MBSR, MBCT, and MiCBT.</p> <p><b>Healing Spaces:</b> A dual-access model utilizing both quiet, accessible community spaces for in-person connection and a secure online platform for remote participation.</p> <p><b>Digital &amp; Physical Resources:</b> A comprehensive library of guided mindfulness content (audio, video, and written), alongside tactile tools such as meditation journals and cushions.</p> <p><b>Inclusion &amp; Accessibility:</b> Provision of assistive technology, such as hearing aids and accessible materials, to ensure the program remains inclusive to all caregivers.</p> <p><b>Integrity &amp; Analysis:</b> Use of specialized software (e.g., NVivo) for rigorous data analysis and longitudinal outcome tracking.</p>

<b>Project Team</b>	
Investigators (positions/professions)	<p><b>Principal Investigator / Social Work Researcher</b> (Health District Liaison)</p> <p><b>Certified Mindfulness Facilitator &amp; Clinical Psychologist</b> (Lead Clinical Implementation)</p> <p><b>Academic Consultant / Research Fellow in Community Health</b> (Program Evaluation)</p> <p><b>Clinical Psychologist</b> (Mental Health Oversight)</p> <p><b>Research Methodologist</b> (Data Analysis &amp; Integrity)</p> <p><b>Research Coordinator</b> (Ethics &amp; Administrative Liaison)</p>
Relevant expertise	<p>To ensure clinical safety and academic rigor, the program is designed to be facilitated by a multidisciplinary team with the following focus areas:</p> <p><b>Lead Researcher:</b> Focuses on mental health, caregiver stress frameworks, mindfulness-based interventions, and mixed-methods research design.</p> <p><b>Clinical &amp; Mindfulness Specialist:</b> Provides expertise in program content, delivery, and facilitator training to ensure clinical integrity.</p> <p><b>Community Health Consultant:</b> Specializes in community-based interventions, caregiver support services, qualitative research, and health promotion.</p> <p><b>Psychological Supervisor:</b> Oversees caregiver mental health outcomes, psychological assessments, and general program supervision.</p> <p><b>Evaluation &amp; Data Lead:</b> Manages program evaluation, quantitative analysis, and longitudinal data tracking for long-term impact.</p> <p><b>Operations &amp; Ethics Coordinator:</b> Manages program logistics, ethics compliance, and communication with participants and partner organizations.</p>
Project governance & roles	<p>To maintain academic rigor and clinical safety, the program is structured around a multidisciplinary team with clearly defined responsibilities:</p> <p><b>Chief Investigator:</b> Responsible for overall project leadership, research design, data interpretation, and final reporting.</p>

**Lead Clinical Facilitator (Co-Investigator):** Leads the development and adaptation of mindfulness content, manages and trains co-facilitators, and ensures the psychological integrity of the program.

**Research & Methodology Lead (Co-Investigator):** Provides methodological input and data analysis, contributes to intervention design, and supports recruitment from diverse communities.

**Clinical Consultant:** Provides clinical expertise and ensures the intervention remains aligned with current Australian healthcare practices.

**Evaluation Advisor:** Designs the evaluation framework, oversees data collection tools, and ensures the rigor and validity of all outcomes.

**Project Manager & Coordinator:** Manages day-to-day operations, scheduling, and seamless communication across the project team.

### Project description

Background and rationale (based on narrative literature review)

Informal caregivers play an important role in sustaining community health and wellbeing by providing ongoing support to individuals with chronic illnesses, mental health conditions, disability, or age-related decline. In the Australian context, about 3 million people identify as informal caregivers, many of whom experience psychological distress and social isolation (Carers Australia, 2024). From a social work perspective, caregiving is not only a personal responsibility but also an important part of our social support system. It intersects with broader problems such as limited access to services, financial hardship, gendered expectations of care and social isolation (Cejalvo et al., 2021).

Social work takes a holistic, strengths-based approach to helping people and communities thrive. But for many caregivers, the weight of their responsibilities can make it hard to take care of themselves, stay connected with others, or seek out mental health support (Morrison & Stomski, 2019). Research has consistently shown that caregivers are at high risk of experiencing depression, anxiety, chronic stress, burnout and social isolation (Sánchez-Pérez et al., 2024; Zhang et al., 2024; Cheung et al., 2020; Antoniou et al., 2021).

Mindfulness-Based Interventions (MBIs) have been proven to be a

potential evidence-based approach for addressing caregiver distress. Programs such as Mindfulness-Based Stress Reduction (MBSR), Mindfulness-Based Cognitive Therapy (MBCT), and Mindfulness-integrated Cognitive Behaviour Therapy (MiCBT) have shown effectiveness in reducing psychological distress and enhancing emotional regulation, resilience, and quality of life among caregivers (Cheung et al., 2020; Jaffray et al., 2015). These benefits are particularly significant for caregivers of individuals with dementia (Antoniou et al., 2022; Whitebird et al., 2012).

However, despite the positive evidence, many of these programs are delivered in clinical settings, offered only for a short time, or are simply out of reach for people living in rural or underserved areas. Moreover, few programs embrace a social work perspective by including the ideas of long-term assistance, cultural sensitivity, and community involvement. As part of social work's dedication to anti-oppression and inclusivity, it's important for social workers to recognize and respect the ways people care for their loved ones. This includes learning from Aboriginal and Torres Strait Islander perspectives. One powerful example is Dadirri, a deep listening and quiet stillness practice shared by Aboriginal elder Miriam-Rose Ungunmerr (Ungunmerr, 2017).

By suggesting an ongoing community-based mindfulness program designed especially for informal carers in Australia, this study fills a research and practice gap while adhering to social work principles. Unlike short-term or clinical interventions, this program will promote sustained peer connection, mutual support, and empowerment. It will also contribute to addressing structural inequities by offering an accessible, low-cost, and replicable model of psychosocial support.

The intervention supports a person-in-environment, holistic approach by using culturally grounded practices and psychological models (MBSR, MBCT, and MiCBT). Furthermore, the program's group format helps caregivers connect with others, build supportive relationships, and feel less alone. It supports them not just as individuals needing help, but as important members of strong, connected communities.

This study will contribute to the development of sustainable caregiver

	<p>support models that reflect social work’s commitment to mental health, community development, and inclusive, trauma-informed practice. It aims to give caregivers the skills and support they need to handle the emotional challenges of caregiving, while also looking after their own health and self-respect.</p>
Overall aim of the project	<p>Develop, implement, and evaluate an ongoing, community-based mindfulness program that supports the mental health, emotional resilience, and social connectedness of informal caregivers in Australia.</p>
Research questions	<p>How does participation in a community-based mindfulness program affect caregiver stress, anxiety, and emotional resilience?</p> <p>To what extent does the program reduce social isolation and improve social support among caregivers?</p> <p>What are the long-term effects of mindfulness practices on caregivers’ wellbeing and coping strategies?</p>
Methodology, including research design, sampling and recruitment, methods of data collection, methods of data analysis	<p><b>RESEARCH DESIGN:</b> This study will employ a mixed-methods, longitudinal design to evaluate the effectiveness of an ongoing community-based mindfulness program for informal caregivers in Australia. Both quantitative and qualitative data will be gathered for the study in order to assess the program’s short- and long-term effects. Through in-depth interviews, the mixed-methods approach will record participants’ actual experiences while simultaneously enabling the evaluation of certain psychological outcomes (such as stress reduction and emotional resilience).</p> <p><b>SAMPLING AND RECRUITMENT:</b></p> <p>Non-probability, purposive sampling will be used in this study to make sure the participants are those who can offer the most relevant and meaningful insights, specifically, informal caregivers supporting individuals with conditions like dementia, chronic illness, or mental health issues. By including only those who have not recently taken part in similar mindfulness programs, the study can better focus on the unique experiences and needs of this group. This type of sampling is a practical and effective way to get detailed, useful information from the people most connected to the topic (Palinkas et al., 2013).</p>

Adult informal carers (aged 18 and older) who provide unpaid care for people with dementia, chronic illnesses, disabilities, or mental health conditions are eligible to participate; professionals (such as paid nurses or support workers) will not be allowed to participate in any mindfulness-based program within the last six months to preserve the focus on informal caregiving experiences; and carers who are currently enrolled in other therapeutic interventions (such as mindfulness or stress reduction programs) will not be allowed to participate in order to avoid confounding effects on the intervention under study.

Participants will be recruited through local community health organizations, caregiver support groups, and online platforms such as social media networks for caregivers. Program details will be shared via social media, flyers, community newsletters, and direct outreach to relevant networks. Potential participants will be contacted using their preferred communication method to provide study information and arrange informed consent. The recruitment period is estimated to take one month.

A minimum of 50 caregivers will be recruited. This sample size is suitable for a mixed-methods approach, enabling the gathering of significant qualitative data in addition to comparative quantitative analysis (D’Cruz & Jones, 2014). While still being reasonable for in-depth participation throughout the data collecting phase, this number also permits variation in participant experiences.

## **METHODS OF DATA COLLECTION:**

### **Quantitative Data**

Participants will complete a set of psychological surveys at five time points: before the program begins (Week 0), immediately after it ends (Week 8), and during follow-up at 3, 6, and 12 months. These surveys will include the Caregiver Burden Inventory (CBI) to assess the impact of caregiving (Strini et al., 2024), the Perceived Stress Scale (PSS) to measure stress levels (Cohen et al., 1983), and the Hospital Anxiety and Depression Scale (HADS) to track symptoms of anxiety and depression (Zigmond & Snaith, 1983). To assess mindfulness, participants will complete the Mindfulness Attention Awareness Scale

(MAAS) (Brown & Ryan, 2003).

Engagement with the program will also be tracked, including attendance at sessions, completion of home practice (such as frequency of daily mindfulness exercises), and participation in the online community platform. This data will help assess adherence and identify patterns in engagement over time.

### **Qualitative Data**

A subsample of around 10-15 participants will be invited to take part in post-program interviews (Week 8) and again at 3, 6, and 12 months. These interviews will explore their experiences with the mindfulness program, perceived changes in stress and wellbeing, and any shifts in coping strategies. Participants will also be asked for feedback on the content, delivery, and accessibility of the program, as well as any barriers or supports that influenced their ability to maintain mindfulness practices over time. In addition, the study will analyze interactions on the online community forum used during the program. This will help capture the social and emotional support shared between participants while providing insight into how the group dynamic may have contributed to the overall experience.

### **DATA ANALYSIS**

Descriptive statistics will be used to summarise caregiver characteristics and baseline scores on psychological measures, such as stress, anxiety, depression, and mindfulness. To examine changes over time across baseline, post-intervention, and follow-up periods (3, 6, and 12 months), repeated-measures ANOVA will be conducted (Muhammad, 2023). These analyses will assess whether participation in the program leads to significant improvements in caregiver wellbeing.

Interview data will be analysed using thematic analysis, following the six-phase process outlined by Delahunt (2017). This involves familiarisation with the data, coding, and identifying patterns to generate themes that reflect caregivers' experiences with the program. While the analysis will be guided by the program's intended outcomes, such as stress reduction, emotional resilience, and social connection, it will also remain open to emerging themes that reflect participants' unique perspectives (Nowell et al., 2017). Content from the online community forum will be similarly

	<p>coded to capture themes around social support, shared strategies, and sustained mindfulness engagement.</p> <p>Data integration will occur during the interpretation phase, using a mixed-methods approach. This allows the quantitative findings (e.g., measurable changes in stress and mindfulness) to be interpreted alongside qualitative insights that explain the how and why behind those changes (Robinson, 2007).</p>
<p>Strategies for maximising quality (e.g., validity, reliability, trustworthiness)</p>	<p>The study will include well-recognized and often used psychological measures, such as the Mindfulness Attention Awareness Scale (MAAS) and the Carer Burden Inventory (CBI), to guarantee construct validity. These tools are appropriate for assessing caregiver stress, emotional wellbeing, and mindfulness, aligning closely with the program’s objectives.</p> <p>Content validity will be supported by designing the intervention based on evidence-based mindfulness frameworks, such as Mindfulness-Based Stress Reduction (MBSR) and Mindfulness-Based Cognitive Therapy (MBCT), while tailoring them to address the specific needs of informal caregivers.</p> <p>To strengthen external validity, a diverse sample of caregivers from various regions and backgrounds will be recruited. This will help enhance the generalisability of findings to a broader caregiving population. To foster trustworthiness, the study will provide detailed methodological descriptions and involve an interdisciplinary team in the analysis. Confirmability will be supported through reflexive journals and a clear audit trail (Korstjens &amp; Moser, 2018).</p>
<p>Ethical considerations</p>	<p>Implementation of this project will be subject to formal ethics approval from the relevant Human Research Ethics Committee (HREC) and local health district governing bodies.</p> <p>Participants will be fully informed about the purpose, procedures, potential risks, and benefits of the study prior to enrolment. Written consent will be obtained to ensure that participation is entirely voluntary, with the understanding that individuals may withdraw at any point without penalty. Researchers will make sure that participants fully comprehend the concept of informed consent and the circumstances</p>

in which it applies, in accordance with the ethical guidelines established by the Australian Association of Social Workers (AASW, 2020). According to the National Statement on Ethical Conduct in Human Research 2023 (NHMRC, 2023), the rights, dignity, and welfare of research participants will always come before the expected advantages of the study.

Strict confidentiality will be maintained for all participant data. Only the study team will have access to the anonymised and securely kept personal and sensitive data. The participants' anonymity will be protected at every step of the study, and this data will only be utilised for research. No publications or reports will contain any personally identifying information. Any audio or video recordings made during the study will only be analysed and then removed when it is finished. According to ethical principles, *"social workers will ensure service users' anonymity and remove identifying details when permitted to use confidential information for purposes such as...research"* (AASW, 2020, p. 18). These actions are consistent with these recommendations.

The study will prioritise the safety and well-being of all participants by taking steps to minimise any potential risks or discomfort throughout the research process. Caregivers will have access to psychological support if needed, and any distress experienced during or after the mindfulness sessions will be addressed promptly and with care. These practices align with ethical research standards, which emphasise the responsibility to minimize risks of harm or discomfort to participants in the research process (NHMRC, 2023).

Participation in the study is entirely voluntary. Participants can withdraw at any time without any negative consequences.

Impact & Alignment

**Systemic Alignment**

This program is designed to integrate seamlessly with the strategic priorities of the Australian health landscape, specifically focusing on:

- \* **promoting community wellbeing** through early intervention and prevention of caregiver burnout.

- \* **fostering integrated care** by embedding mindfulness models directly into allied health and social work practice.

- \* **strengthening collaboration** through a co-design foundation that connects researchers, practitioners, and caregivers.

### **Immediate outcomes**

Following the initial 8-week intervention, participants are expected to experience:

- \* **reduced distress:** A measurable decrease in the perceived burden and anxiety of caregiving.
- \* **enhanced coping:** Practical mastery of mindfulness skills like non-judgmental awareness and emotional regulation.
- \* **improved quality of life:** A positive shift in self-compassion and general daily well-being.

### **Long-term resilience**

To ensure the “homecoming” is lasting, 12-month longitudinal goals include:

- \* **sustained regulation:** Evidence that mindfulness has become an integrated, daily internal toolkit.
- \* **community connection:** A significant reduction in social isolation through ongoing peer support and reinforcement sessions.
- \* **skill retention:** Continued ability to manage ongoing caregiving challenges with adaptive coping mechanisms.

### **Broader implications**

Beyond the individual, the success of this program serves as a blueprint for:

- \* **healthcare legitimacy:** Contributing to the evidence base for mindfulness as a recognized support option in Australia.
- \* **policy influence:** Informing future public health funding for the integration of mindfulness training into standard caregiver services.

## **References (APA 7<sup>th</sup> Edn)**

Here is your reference list, numbered as requested. I have maintained the APA formatting for each entry.

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