

Implications of mindfulness in anxiety disorders and depression: a narrative review

Implicaciones de Mindfulness en trastornos de ansiedad y depresión: una revisión narrativa

Génesis del Rocío Vázquez-Tagle Gallegos

Abstract:

Mindfulness, defined as the ability to be fully aware and attentive to the present moment without judgment, has sparked growing interest in the therapeutic approach to anxiety disorders and depression. The objective of this narrative review is to provide a historical overview of the definition of mindfulness, the clinical implications of this practice based on Buddhist philosophy, and analyze the current literature on the effectiveness of mindfulness-based interventions (MBIs) in the treatment of anxiety disorders and depression. The results of the reviewed studies indicate that MBIs, such as Mindfulness-Based Stress Reduction (MBSR) and Mindfulness-Based Cognitive Therapy (MBCT), have shown significant reductions in anxiety and depression symptoms in various clinical populations. These therapeutic effects appear to be mediated by mechanisms such as emotional self-regulation and awareness, reducing the symptoms of anxiety and depression. In conclusion, empirical evidence suggests that mindfulness represents a promising and effective intervention as a complement to traditional treatments for anxiety and depression. However, some studies recognize methodological limitations, such as heterogeneity in samples and intervention protocols, which raises the need for future research to standardize methodologies and evaluate their long-term effectiveness. Furthermore, the importance of considering the cultural and clinical context when implementing these practices to optimize their therapeutic benefits is emphasized, encouraging the conduct of these types of studies in Mexico.

Anxiety, Depression, Mental Disorders, Mindfulness, Full Attention

Summary:

El mindfulness, definido como la capacidad de estar plenamente consciente y atento al momento presente sin emitir juicios, ha despertado un creciente interés en el abordaje terapéutico de los trastornos de ansiedad y depresión. El objetivo de esta revisión narrativa es hacer una revisión histórica de la definición de mindfulness, las implicaciones clínicas de esta práctica basada en filosofía budista y analizar la literatura actual sobre la eficacia de las intervenciones basadas en mindfulness (MBIs) en el tratamiento de ansiedad y depresión. Los resultados de los estudios revisados indican que las MBIs, como el programa de Reducción de Estrés Basado en Mindfulness (MBSR) y la Terapia Cognitiva Basada en Mindfulness (MBCT), han mostrado reducciones significativas en los síntomas de ansiedad y depresión en diversas poblaciones clínicas. Estos efectos terapéuticos parecen estar mediados por mecanismos como la autorregulación emocional, o la toma de conciencia reduciendo los síntomas de la ansiedad y depresión. En conclusión, la evidencia empírica sugiere que el mindfulness representa una intervención prometedora y eficaz como complemento a tratamientos tradicionales para la ansiedad y la depresión. Sin embargo, se reconocen limitaciones metodológicas en algunos estudios, como la heterogeneidad en las muestras y en los protocolos de intervención, lo que plantea la necesidad de futuras investigaciones que estandaricen las metodologías y evalúen su efectividad a largo plazo. Además, se destaca la importancia de considerar el contexto cultural y clínico en la implementación de estas prácticas para optimizar sus beneficios terapéuticos, promoviendo que se hagan este tipo de estudios en México.

Keywords :

Anxiety, Depression, Mental Disorders, Mindfulness, Mindfulness

INTRODUCTION

Mental health is conceived as a state of balance between an individual's emotional, psychological, and social well-being, and

transcends the mere absence of mental disorders. Its presence is an essential component in ensuring an adequate quality of life.¹ More broadly, it constitutes an indispensable foundation for individual and collective development, directly influencing the

^a Corresponding author, Private Psychological Practice, <https://orcid.org/0009-0005-4037-7894>, Email: gentagle@gmail.com

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ability to make decisions, establish functional interpersonal relationships, and effectively meet everyday demands. Likewise, mental health must be understood as a fundamental human right and an essential requirement for personal, community, and socioeconomic development.² It should be noted that each individual experiences their mental health in a unique way, facing different levels of psychological distress and contextual challenges, which leads to considerable variability in observable clinical and social outcomes among individuals.^{1,2}

Mental health problems include not only mental disorders and psychosocial disabilities, but also other mental states associated with a high degree of anxiety, functional disability or risk of self-harm.^{1,2}

According to the World Health Organization (WHO), after the impact of COVID-19 that began in 2020, depression and anxiety became the mental health disorders that most affect millions of people worldwide.^{3,4} These conditions not only have a significant impact on the quality of life of those who suffer from them, but also represent a significant challenge for public health.^{3,4}

In recent years, there has been an increase in the prevalence of depression and anxiety, especially among young adults, prompting the search for complementary interventions to optimize the treatment of these diagnoses.^{4,5} Among them, mindfulness has shown consistent evidence of reducing emotional symptoms by promoting affective regulation and full awareness, constituting a relevant and innovative strategy for addressing these disorders.

EPIDEMIOLOGY OF ANXIETY AND DEPRESSION

The epidemiology of anxiety and depression examines the prevalence, incidence, risk factors, and distribution of these mental health disorders in different populations and contexts. In the health field, the most common mental disorders include anxiety, mood disorders such as depression, and, in some cases, somatic manifestations.⁶ A significant correlation has been shown between symptoms of stress, anxiety, and depression and quality of life in adults.⁷

These emotional disorders are widely treated at the primary care level, with an estimated prevalence of 49.2% of potential cases, and are often linked to other chronic diseases.^{8,9} Among psychiatric disorders, anxiety disorders are the most common, according to epidemiological studies that indicate that around one-third of the population experiences them at some point in their lives.^{6,10}

Below are some relevant data:

Global Prevalence

- Anxiety: According to the WHO, approximately 3.6% of the population experiences generalized anxiety disorder each year. Additionally, an estimated 2.7% have suffered from panic disorder at some point in their lives, while 6.6% have suffered from some type of anxiety disorder.^{11,12}
- Depression: According to the WHO, more than 280 million people worldwide suffer from depression, representing

approximately 5% of adults and 5.7% of those over 60 years of age.^{11,12}

Distribution by Gender and Age:

Anxiety disorders can manifest from childhood, with specific phobias and separation anxiety disorder being the most common at this stage, with an average age of onset around 7 years.^{6,8,11} In adolescence, anxiety disorders continue to be the most common, with the addition of agoraphobia, which usually appears between the ages of 13 and 17. Prevalence peaks in middle age, with generalized anxiety disorder, panic disorder, and social anxiety being the most common, and then decreases in old age.¹³

These disorders affect women more frequently than men, with a prevalence almost double in women; specifically, 17.5% of women compared to 9.5% of men have experienced anxiety at some point in their lives.^{6,8,11}

Risk Factors

Genetic factors influence the predisposition to anxiety disorders, especially panic disorder, obsessive-compulsive disorder, and social phobia.⁹ Extreme traumatic experiences (accidents, disasters, assaults, etc.) can cause brain damage and severe anxiety symptoms.^{6,9} Anxiety disorders and depression are common in people with cardiovascular and respiratory diseases, with a prevalence of 12.2% and 11.5%, respectively, in young adults, and 8.0% and 7.4% in those over 45 years of age.^{6,8,10}

Impact on Public Health

According to the WHO, depression is the leading cause of disability worldwide and a key risk factor for suicide, generating a high economic burden on health systems due to lost productivity and the use of medical resources.^{11,14,15}

The COVID-19 pandemic significantly increased the prevalence of anxiety and depression, with increases of up to 25% in some studies globally.¹⁶⁻¹⁸

EPIDEMIOLOGY OF ANXIETY AND DEPRESSION IN MEXICO

The epidemiology of anxiety and depression in Mexico reveals significant data on the prevalence and impact of these mental health disorders in the Mexican population:

Anxiety in Mexico

In 2021, the National Institute of Statistics and Geography (INEGI) conducted the first National Self-Reported Well-being Survey (ENBIARE) to produce statistical information on various dimensions of measuring the well-being of the adult population in Mexico.¹⁹ The ENBIARE survey found that 19.3% of the Mexican adult population has symptoms of severe anxiety, while another 31.3% shows symptoms of minimal or some degree of anxiety. The prevalence of anxiety among Mexican females is higher: 23.2% have minimal anxiety, 32.8% have severe anxiety, and 44.0% do not suffer from it.¹⁹

The highest average adult population percentages of anxiety symptoms, whether mild or severe, are Puebla, Chiapas, and

Michoacán, while the lowest percentages are found in Nuevo León, Baja California, and Quintana Roo.¹⁹

In 2024, 303,356 cases of mental health care were reported in the Mexican health system. Of these, 52.8% were for anxiety disorders, making them the most frequently treated condition in this area.²⁰

Depression in Mexico

Regarding depression in Mexico, a 2021 study conducted by the Psychiatric Care Services (SAP) of the Ministry of Health estimated that 3.6 million adults suffer from depression in Mexico; of these, 1% are severe cases.²¹ In this regard, the 2018-19 National Health and Nutrition Survey (ENSANUT) reported a prevalence of depressive symptoms in adults aged 20 years or older.²²

16.7 % of Mexican adults presented depressive symptoms, with a higher prevalence in older adults (38.3%) than in younger adults (11.3%). Women (15.0%) and those with lower well-being (14.2%) showed higher rates compared to men (7.3%) and those with higher well-being (8.4%). This trend, where depression is almost double in Mexican women, had already been documented in previous global studies such as that of the WHO¹¹ and in the National Health and Nutrition Surveys (Encuestas Nacionales de Salud y Nutrición, ENSANUT) from 2018, 2019 and 2021 in México.²²

It is important to mention that the treatment of anxiety and depression represents a major challenge in mental health, considering their high incidence and significant impact on individuals' quality of life. Therefore, interventions based on Cognitive-Behavioral Therapy (CBT) to reduce the symptoms of stress, anxiety, and depression have been widely demonstrated.^{23,24}

Traditional CBT techniques, such as relaxation, cognitive restructuring, and social skills training, seek to alter the relationship between thoughts, emotions, and behaviors.²³⁻²⁵ However, in recent decades an alternative approach has been developed within CBT, which has shown positive results.²⁵ According to Kahl et al., this approach, known as third wave cognitive behavioral psychotherapy or Third Generation Contextual Therapies, focuses on promoting mindfulness, acceptance, compassion, and spirituality.²⁵

Several systematic reviews have highlighted the effectiveness of third-wave psychotherapies, such as mindfulness-based interventions, compassion-focused programs, and acceptance and commitment therapy, in reducing work-related stress, anxiety, and depression, as well as increasing resilience, including in healthcare professionals.²⁶⁻²⁸

Based on this prevalence, it has been important to research new treatment techniques that positively address these Mental Health disorders, for which the effectiveness of the mindfulness technique has been demonstrated, which has shown considerable scientific evidence in diagnoses of anxiety and depression.²⁶⁻²⁸

MINDFULNESS WHAT IS IT?

Mindfulness, as both a psychological and spiritual technique, has its origins in meditation traditions, particularly Buddhism.²⁹ However, in recent decades it has been adapted and used in the field of clinical psychology.^{30,31} This approach is based on paying full attention to the here and now, without judging or automatically reacting emotionally. In recent decades, mindfulness has been shown to have positive effects on various psychological disorders, such as anxiety and depression.³⁰⁻³² These mental conditions are some of the most common public health problems today and are characterized by a cycle of repetitive thoughts and negative emotions that exacerbate suffering. In this sense, mindfulness offers a unique therapeutic approach that can help patients break these cycles and improve their emotional well-being.³⁰⁻³² According to Kabat-Zinn, mindfulness is a practice of full attention that is defined by four fundamental elements³³:

1. Focus on the here and now
2. Accept without judging
3. Be aware of both internal and external experiences
4. Adopt an open and curious attitude toward what you are experiencing.

This clinical approach defined by Kabat-Zinn as “*intentionally paying attention to the present moment, non-judgmentally*” was introduced into interventions with his Mindfulness-Based Stress Reduction (MBSR) program in the 1980s, and later, Marsha Linehan developed Mindfulness - Based Cognitive Therapy (MBCT), which focused on preventing relapse in depression.³³ It is important to mention that MBCT is an adaptation of MBSR.²⁸

HISTORICAL IMPLICATIONS OF MINDFULNESS

As previously indicated, mindfulness is a discipline originating in the ancient traditions of Buddhism, but which has gained relevance in the Western world in recent decades due to its mental and physical health benefits.³⁰

Over the years, this practice has evolved, integrating into fields as diverse as psychology, education, and business. Table 1 below describes the key moments that have defined the development and expansion of mindfulness, from its origins to the present day.

MINDFULNESS IN THE TREATMENT OF ANXIETY

Anxiety is a mental disorder characterized by excessive fear and worry and associated behavioral disturbances. The symptoms are severe enough to cause significant distress or functional impairment in the person's life.⁴

Most patients with anxiety disorders suffer from one or more associated psychiatric disorders, such as major depression, specific phobia, social anxiety, or panic disorder.³⁶

Mindfulness-based interventions have shown significant potential for reducing anxiety symptoms.^{36,37} Mindfulness practice allows people to observe their thoughts and emotions from a distance, which helps decrease emotional reactivity. This can lead to less anticipatory worry, reduced cognitive overload, and greater acceptance of uncertainty.³⁷

Numerous studies support the effectiveness of mindfulness in reducing anxiety.^{23,24,26-28,30} Research has shown that MBSR and MBCT are effective in reducing Generalized Anxiety Disorder (GAD), panic disorder, Obsessive-Compulsive Disorder (OCD), burnout syndrome, and phobias. Proposed mechanisms include improved emotional regulation, a shift in perceived stress, and increased tolerance for uncertainty.^{26,27,33}

MINDFULNESS IN THE TREATMENT OF DEPRESSION

Depression, on the other hand, involves a sad mood and a loss of pleasure or interest in activities over long periods of time. It affects all areas of life, including family, friendship, and community relationships.^{38,39}

Table 1 Evolution of the use and development of mindfulness as a technique in clinical practice. Prepared by the author.²⁶⁻³⁵

Decade	Key Moment	Development
Approximately 2500 years ago	Buddhism as the “spiritual” basis of mindfulness	The Buddhist tradition encompasses aspects such as body scanning meditation, sitting, eating, and walking meditation, as well as mindful communication. ³⁰
1970s	Origins of mindfulness as a therapeutic basis	Although the concept of mindfulness has its roots in Buddhist teachings, in this decade, Dr. Jon Kabat-Zinn introduced the concept of mindfulness into a Western clinical context, through his Mindfulness-Based Stress Reduction (MBSR) program at the University of Massachusetts. ³³
1980s	First application in the clinical field	Kabat-Zinn and his team began using MBSR to treat patients with a variety of conditions, including anxiety and depression, as a way to improve stress management. ³³
1990s	Research and expansion	In this decade, the practice of mindfulness in the treatment of anxiety and depression began to be investigated more rigorously. Several controlled studies demonstrated that MBSR had positive effects on reducing stress and anxiety. ^{32,33}
2000s	Mindfulness and Mindfulness-Based Cognitive Therapy (MBCT)	Mindfulness-Based Cognitive Therapy (MBCT), an adaptation of MBSR, is developed. Dr. Zindel Segal, Dr. Mark Williams, and Dr. John Teasdale pioneered this approach, which focuses on preventing relapse into depression by combining cognitive therapy and mindfulness. ³²
2010s	Popularization and expansion in clinical treatments	The use of mindfulness is becoming increasingly widespread in the treatment of anxiety and depression. A growing body of research demonstrates the practice's effectiveness in reducing symptoms of anxiety and depression, both in individual and group treatment. In addition, online programs and mindfulness apps are being developed to make these practices accessible to more people. ²⁹⁻³⁴
2020s	Mindfulness as a standard part of treatment	The practice of mindfulness is becoming established as a common tool in the treatment of anxiety and depression, both in clinical programs and in complementary approaches. Multiple studies have demonstrated the benefits of mindfulness-based interventions for these disorders. ²⁶⁻²⁸ Furthermore, there is a growing focus on the use of mindfulness in digital mental health (apps, online therapy, etc.) and its integration into different types of therapy. ³⁵

Mindfulness has been particularly useful in the treatment of recurrent depression.^{28-30,40,41} MBCT has been shown to be effective in preventing relapse in people with a history of major depression. This approach promotes awareness of negative thinking patterns and their interruption before they develop into ruminative cycles.²⁸

Research also suggests that regular mindfulness practice can improve emotional well-being and reduce symptoms of depression by increasing emotional regulation, self-compassion, and self-awareness.^{28-30,40,41} Neuroimaging studies have shown

changes in brain areas related to emotional regulation, such as the prefrontal cortex, in patients who regularly practice mindfulness.³⁰

RECENT STUDIES RELATED TO THE IMPACT OF MINDFULNESS ON DISORDERS SUCH AS ANXIETY AND DEPRESSION

To select the articles for this review, a systematic search was conducted in the PubMed database using keywords such as "mindfulness," "anxiety," "depression," and "mental disorders".

Furthermore, only studies with experimental or quasi-experimental designs, systematic reviews, and meta-analyses were included. Initially, a total of 150 relevant studies were identified. After reviewing the titles and abstracts, 90 articles were excluded for not meeting the inclusion criteria or for dealing with different topics, such as interventions unrelated to mental health or mindfulness applied to other contexts (e.g., schools). Subsequently, a full reading of the remaining 60 articles was carried out, of which another 30 were excluded due to weak methodologies, unrepresentative samples, or a lack of specific data on anxiety and depression. Finally, 30 articles that met the established methodological criteria were included. In addition, government reports, publications or statistics that are not referred to in the articles are mentioned academics. For the studies listed below, inclusion criteria were established based on studies published within the last year, in English or Spanish, which evaluated the effectiveness of mindfulness-based interventions in the treatment of anxiety or depression:

In this line of research based on mindfulness, a study carried out in China by Dai et al.⁴², aimed to evaluate the long-term impact of a six-week online mindfulness intervention course “Mindfulness Living With Challenge (MLWC)” on the mental health of undergraduate nursing students in Beijing, China, over a three-month follow-up. Among 108 participants (52 intervention, 56 control), the MLWC program significantly reduced stress and anxiety levels and improved mindfulness and social support among undergraduate nursing students, confirming that mindfulness interventions, such as this online one, can address mental health challenges in nursing students.⁴² Continuing to evaluate the effects of mindfulness in different contexts, another study⁴³ aimed to identify motivators and barriers to participation in mindfulness interventions and applied a cross-sectional survey to adults (n=94) with spinal cord injury (SCI) at an acute rehabilitation center in the United States. The results of this survey showed a strong interest in mindfulness among people with SCI, and almost half began practicing mindfulness at least once a week. The primary objective of this study was to understand the motivators for practicing mindfulness, which included relaxation, curiosity, improved mental well-being, and reduction of stress, anxiety, and depression.⁴³

Mindfulness has also been shown to have positive effects during pregnancy and prenatal attachment.⁴⁴ The objective of a research conducted by Findik et al.⁴⁴ was to determine the effect of the Mindfulness-Based Childbirth and Parenting Program (MBCP) on Childbirth and Parenting Program) on prenatal attachment of pregnant women and their levels of stress, anxiety and depression. The randomized controlled trial included 36 participants who were randomly assigned to two groups: the MBCP group (n=18) and the control group (n=18). The Depression, Anxiety and Stress Scales-21 (DASS-21), together with the Prenatal Attachment Inventory (PAI), were administered at baseline and again eight weeks later, with the aim of evaluating changes in the psychological variables

analyzed. Significantly higher scores on the Prenatal Attachment Inventory were demonstrated in the MBCP group compared to the control group. Regarding stress levels, the MBCP group showed significantly lower stress scores than the control group.⁴⁴

On the other hand, when exploring the impact of mindfulness on young populations, a study⁴⁵ carried out on 155 adolescents aged 16–25 who had sought psychological help aimed to determine how an early-stage mindfulness-based intervention impacts the development of internalizing symptoms, cognitive and brain processes associated with the progression of mental illness (stress, anxiety, depression) in young people seeking help. The training combined mindfulness exercises with mindful physical activity and yoga in eight weekly two-hour sessions. Assessments were carried out at the beginning and end of treatment, as well as at 2 and 6 months after its completion. As this is a study protocol for a randomized controlled trial, this mindfulness intervention is expected to be appropriate for application in young people with mental health problems.⁴⁵

In addition to conventional interventions, an interesting alternative is Mindfulness-Based Boxing Therapy (MBBT)⁴⁶ is a manualized, instructor-led, non-contact group boxing exercise program (offering 90-minute sessions, twice a week for ten weeks). It combines mindfulness exercises and group therapy. This study⁴⁴ aimed at the acceptability and feasibility of MBBT in adults with Major Depressive Disorder (MDD) and/or Generalized Anxiety Disorder (GAD). Nine patients with MDD and/or GAD were recruited from an outpatient clinic in Toronto, Canada, for a ten-week feasibility trial of MBBT in a pre-post design. Psychometric assessments were administered to eight participants (five females and three males). Results showed a significant percentage reduction in depression (54%), anxiety (51%), and distress (36%), along with a 79% percentage increase in mindfulness. A qualitative post-intervention study was conducted. A study was conducted that revealed themes of inclusion and accessibility, emotional release and control as well as improved self-esteem, confidence, self-management, community, and trust in leadership.⁴⁶

Likewise, the effects of mindfulness have been investigated in physical health situations, such as myocardial infarction (MI).⁴⁷ Elevated perceived stress is associated with adverse outcomes after an MI and may be associated with poorer recovery in women and men, as well as with the development of mental health conditions such as anxiety and depression.⁴⁷ A randomized controlled trial evaluated the effects of a mindfulness-based intervention on stress levels among women with MI.⁴⁵ Women with elevated stress were recruited at least two months after MI from twelve hospitals in the United States and Canada. Participants were randomly assigned to an eight-week remote mindfulness intervention (MBCT-Brief) supplemented with heart disease education. The sample included 130 women with a history of MI with a mean age of 59.8 years. Within the MBCT- Brief group, mindfulness practice was associated with greater reductions in stress, depressive symptoms, and anxiety.⁴⁷

Finally, within the field of occupational health, a study carried out with health professionals evaluated a digital mindfulness program. A study⁴⁸ aimed to design a digital mindfulness-based program to address exhaustion and burnout syndrome in physicians. Two separate, non-randomized pilot studies were conducted. In the first study, physicians and professional nurses received the program in podcast format, while in the second study, 29 physicians and professional nurses received the same training through a free platform based on the program.⁴⁸ The primary outcome measure was cynicism, a dimension of burnout. Secondary outcomes were emotional exhaustion, anxiety, depression, intolerance of uncertainty, empathy, self-compassion, and mindfulness. Both studies showed that the program decreased cynicism. Significant reductions were found in anxiety and intolerance of uncertainty. There were increases in self-compassion and mindfulness. Both studies revealed positive correlations between burnout syndrome and anxiety.⁴⁸ The aforementioned research conducted in China,⁴² the United States,⁴⁶⁻⁴⁸ Canada,⁴³ Turkey,⁴⁴ and the Netherlands⁴⁵ reaffirms the promising results of using mindfulness-based interventions. However, it is important to note that these studies have several methodological and contextual limitations that should be considered when interpreting their findings:

1. The heterogeneity of mindfulness programs.
2. The lack of standardization in the approaches used.
3. Difficulties in assessing the underlying mechanisms represent obstacles to fully understanding their impact.
4. Most existing studies have focused on samples of patients with mild to moderate disorders, so there is a need to explore its efficacy in more diverse populations with severe disorders.
5. The need to investigate the neurobiological mechanisms through which mindfulness produces its therapeutic effects.
6. The lack of research in Latin American countries, especially among the Mexican population.

Mindfulness has been integrated into various therapeutic programs for treating anxiety and depression. However, its implementation is not without challenges.^{37,38}

1. Practicing mindfulness requires a high level of commitment and perseverance, which can be difficult for patients with serious disorders.
2. It has been mentioned that not all individuals respond equally to mindfulness, raising questions about the moderating factors that might influence its effectiveness.

Despite these challenges, evidence suggests that mindfulness can be a valuable complement to traditional treatments, such as cognitive-behavioral therapy (CBT) or antidepressants. Integrating mindfulness into therapeutic programs could provide a more holistic approach to treating anxiety and depression, addressing both emotional and cognitive symptoms.^{30,32,47,48}

CONCLUSIONS

Mindfulness has proven to be a promising intervention in the treatment of anxiety disorders and depression. Thanks to its ability to increase awareness and acceptance of internal experiences, mindfulness can help interrupt negative thought cycles and improve emotional regulation. Although mindfulness research continues to evolve, current studies suggest that mindfulness-based interventions, such as MBSR and MBCT, offer significant benefits both as stand-alone and complementary treatments. However, further research is needed to overcome current limitations and better understand the underlying mechanisms that make mindfulness effective in this context. This review addresses the impact of mindfulness-based interventions on the psychological treatment of anxiety and depression disorders, providing relevant and recent evidence on their effectiveness and clinical utility. The results analyzed in this review show the historical transformation of the concept of mindfulness and how it has been particularly involved in clinical applications such as MBSR (Mindfulness-Based Stress Reduction) and MBCT (Mindfulness-Based Cognitive Therapy), programs that have been scientifically proven to contribute significantly to the reduction of symptoms of anxiety and depression in various populations, which leads to the opening of various investigations addressing this third-generation approach to mental health diseases of the 21st century.

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