Qeios

Peer Review

Review of: "Mindfulness in the Brazilian National Health System (SUS): Why Training Instructors Is Not Expensive but Strategic and Cost-Effective"

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This review was completed by me (a Professor of Child and Adolescent Psychiatry) and my colleague, Dr Mohammad Karimipour, a postdoctoral researcher on my team.

Thank you for asking us to comment on this compelling and well-structured argument for investment in mindfulness-based interventions (MBIs) at a national level in Brazil. The comparison between the costs of implementing MBIs and medication for addressing population-level mental health needs is particularly valuable.

While the central argument is strong, there are several areas where the commentary could be further strengthened and clarified:

- It would be helpful to provide an estimate of how the need for MBIs and the number of facilitators required might evolve over time, particularly in light of the 10-year expense projections shown in the table. Potential increases in the demand for MBI facilitators should be considered alongside possible changes in medication requirements. Additionally, an estimation of how the effectiveness of both MBIs and medications may improve over the ten-year period would be valuable.
- Mindfulness facilitators typically require periodic refresher training and supervision to maintain high-quality practice. Some may leave the system or shift their approach over time. These factors introduce additional costs that are not currently discussed.
- We disagree with your statement that medication represents a continuous and recurrent cost. This depends on the condition being treated. Effective medication use can lead to symptom relief and, over

 doi.org/10.32388/A3SV99

time, a reduced or even eliminated need for ongoing medication.

- When comparing medication costs with those of MBI training, the analysis implicitly assumes a potential substitution effect. It may not be accurate to suggest that MBI training could simultaneously replace medications and reduce overall medication costs unless you clarify that MBIs are to be implemented alongside, rather than instead of, medication—a more realistic and balanced approach.
- There is often an assumption that psychological approaches lack adverse effects, but there is a problem of measurement and reporting here. We suggest that you compare the potential adverse effects of medications and MBIs, as well as patient preferences. It would also be useful to clarify whether evidence suggests that MBIs or medications may be more or less effective for certain patient groups.
- While expanding the role of mindfulness facilitators across clinical settings is a promising idea, it likely requires a separate initiative and additional financial investment to integrate mindfulness into teams and institutions not yet familiar with these practices. You should include both successful and unsuccessful international examples, such as the MYRIAD trial in the UK, which did not find significant benefits of mindfulness training in school settings. This would illustrate that MBIs may vary in effectiveness across age groups and contexts. Additionally, given the growing mental health needs of children and young people who have longer remaining years of life compared to adults, it would be helpful to address MBIs in this population separately, acknowledging the limited and mixed evidence base.
- The commentary would be further strengthened by comparing MBIs not only with medication but also with other established treatment approaches and their associated costs. For instance, there is strong evidence supporting cognitive-behavioural therapy (CBT) and other psychotherapies, including dialectical behaviour therapy (DBT), emotion-focused therapy (EFT), and acceptance and commitment therapy (ACT—which integrates but is not limited to mindfulness). Psychodynamic and psychoanalytic therapies, as well as integrative community care and combined medication–psychotherapy approaches, are also highly relevant within the Brazilian context.

More minor comments include:-

Please spell out “R$” (Brazilian Real) once in the text for the benefit of international readers

Some arguments are repeated throughout the text. For example, the point that “Whereas medications must be purchased indefinitely, training builds a permanent human resource capacity with long-lasting

ripple effects on prevention, well-being, and system efficiency" appears more than once. Consolidating these repetitions would improve clarity and flow.

Overall, this commentary makes an important contribution to the discussion on the national implementation of MBIs. Addressing the points above would enhance its rigor, balance, and practical relevance.

Declarations

Potential competing interests: No potential competing interests to declare.