"Be here now" - Service Users' experiences of a mindfulness group intervention

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<th>Journal:</th>
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Abstract

Purpose: The present study explored service users’ experiences of a mindfulness group intervention.

Design/Methodology: Fifteen participants with a diagnosis of a mild or moderate intellectual disability and concurrent mental health difficulties were interviewed about their experiences of a mindfulness group. Thematic analysis was used to interpret the data. The three superordinate themes that emerged were Positive aspects of mindfulness, Positive aspects of attending the group and Negative aspects of attending the group. There were seven subordinate themes.

Findings: The results highlighted that participants found the mindfulness group to be beneficial, partly due to specific aspects of the mindfulness intervention and partly due to the group process. The negative aspects of the group were harder to elicit, and were less specifically related to mindfulness.

Originality/Value: Mindfulness-based interventions have emerged as a promising approach for individuals with intellectual disabilities with mental health difficulties. There is currently a lack of research exploring the views service users with intellectual disabilities regarding their experiences of mindfulness interventions.

Key words: Mindfulness, Intellectual Disabilities, Mental Health, Groups, Qualitative, Thematic Analysis

Paper Type: Research Paper
Introduction

Individuals with intellectual disabilities have been found to have a greater level of physical and mental health problems than individuals without disabilities (Idusohan-Moizer et al., 2015); the prevalence of mental illness in individuals with an intellectual disability is estimated to be 30-50% (Smiley, 2005). With mental health difficulties being common in individuals with an intellectual disability, there is an obvious need to identify effective treatments. There is some evidence for the effectiveness of cognitive behavioural therapy (CBT) in treating a range of mental health difficulties in this population (Lindsay et al., 2015; Unwin et al., 2016). There is also evidence for the effectiveness of psychodynamic and psychoanalytic approaches (Willner, 2005). More recently, mindfulness-based interventions have emerged as a promising approach for individuals with intellectual disabilities.

Mindfulness has been defined as "paying attention in a particular way; on purpose, in the present moment, and non judgmentally" (Kabat-Zinn, 1990). Mindfulness has been theoretically and empirically associated with psychological well-being and has increasingly been used in health services for the treatment of mental health difficulties (Keng et al., 2011). Specific approaches have been developed such as Mindfulness Based Stress Reduction (MBSR; Kabat-Zinn, 1990), while mindfulness has also been seen as a successful adjunct to CBT in the treatment of mental health difficulties. Mindfulness-Based Cognitive Therapy (Segal et al., 2013) integrates mindfulness meditation with cognitive interventions. The aim of MBCT is to reduce relapse in individuals with recurrent anxiety and depression. MCBT have been recommended by National Institute for Health and Care Excellence (NICE) for recurrent depression. Mindfulness is also a component of Acceptance and Commitment Therapy (Hayes et al., 1999) and Dialectical Behaviour Therapy (Linehan, 1993).
A number of systematic reviews have explored the effectiveness of mindfulness in participants with intellectual disabilities (Chapman et al., 2013; Harper et al., 2013; Hwang and Kearney, 2013). Despite differing in their scope (including or excluding; people with Autism Spectrum Disorders, interventions that were delivered to parents or carers, and interventions that included mindfulness as a component of a wider model, such as Acceptance and Commitment Therapy) the three reviews conclude that mindfulness is effective across a number of domains, including reducing aggression and smoking, promoting weight loss, and improving mental health difficulties and social skills. The reviews, however, also conclude that the methodological status of the field is “best described as being at a relatively early—proof of concept—stage” (Harper et al., 2013). Indeed, Chapman et al. (2013) rated the quality of all the studies they included as methodologically weak. Most of the studies included in the reviews involved a small number of participants, especially when focusing on studies teaching mindfulness directly to adults with intellectual disabilities; only one study included more than eight adults with intellectual disabilities (Chilvers et al., 2011). In addition to small sample sizes, one of the criticisms raised was that many of the studies were carried out by Nirbhay Singh and colleagues. This group developed the ‘Soles of the Feet’ intervention, and has tested this intervention in many single case design studies (Singh et al. 2003; Singh et al 2008a). Although the work of this group has been ground-breaking in terms of developing and evaluating mindfulness for people with intellectual disabilities, the lack of studies completed by other groups limits our ability to make conclusions about the generalizability of mindfulness for this population. More recent studies (Miodrag et al., 2013; Singh et al., 2013, 2014; Idusohan-Moizer et al, 2015) have used larger samples and found positive results on anxiety, aggression, and smoking.

In addition to evaluations of effectiveness a small number of qualitative studies have explored participants’ experiences of mindfulness interventions. Benefits reported include...
Aiding relaxation (Chapman and Mitchell, 2013), development of new skills, helping participants to help others, providing participants with a way to focus on other things (Yildiran and Holt, 2015) and learning about compassion (Idusohan-Moizer et al., 2015). Some of the difficulties included misunderstanding mindfulness and struggling to learn skills in larger groups (Roscoe et al., 2015), and finding paper-based tasks overwhelming (Idusohan-Moizer et al., 2015).

These qualitative analyses have provided some useful information about how mindfulness interventions are experienced by individuals with intellectual disabilities. However, with small numbers of participants it is difficult to generalise the results, and further research is warranted. The present study aimed to explore the experiences of people with intellectual disabilities of attending a weekly mindfulness based group in a community setting. The focus of the study was on participants’ positive and negative experiences of attending the group, both in terms of their engagement and experience of the mindfulness activities, and in terms of their group experience more broadly.

Method

The Group

The mindfulness group was run by two facilitators; one was a principal clinical psychologist and third author, and a senior clinical psychologist, working in an intellectual disability service in a large Irish city. The service provides residential and day service programmes for individuals with mild, moderate and severe intellectual disability as well as providing clinical inputs. Each facilitator had significant experience of running mindfulness groups and had training in MBCT and mindfulness group training by Maggie Staunton and Christine Dunkley. Three mindfulness groups run in different locations on an annual basis and comprise of approximately 15 participants. The programme consisted of a series of
mindfulness activities with exercises from MCBT including the meditation of the breath exercise and the raisin in the hand exercise. Visual aids were used to aid understanding and meditation instructions were provided in clear concrete language. The Soles of the Feet meditation (Singh et al, 2003) was also included as part of the group protocol. The group did not utilise a manualised approach, instead each session followed the same format to allow for rehearsal and repetition. Each session lasted one hour. Each session began with a welcome followed by reminders of group rules. A series of mindfulness and visual meditation techniques followed, including deep breathing, the body scan meditation and the raisin in the hand exercise. Participants were also supported to develop cognitive skills including “letting worries go” and “making worries smaller.” The group ended with each individual communicating good wishes they had for others. Group members were provided with a booklet continuing the meditations and a gratitude diary and were also provided with a CD containing meditations from the group. Participants were encouraged to complete mindfulness activities between sessions using the CD and booklet and were also asked to complete their gratitude diary between sessions. Participants’ family members or key workers were not directly involved in the group however participants could seek support from others with their mindfulness practice should they wish to. The researcher did not facilitate any of the mindfulness groups, but did observe one session, which some of the participants attended.

Participants

Participants were invited to take part in the study if they had attended a mindfulness group in the service. The mindfulness group leader provided the first author with a list of participants who had taken part the two most recent groups and had agreed to participate in the study. A total of 30 individuals had attended the two most recent groups, with both groups
concluding within the previous six months. Twenty-nine individuals completed the group in full, while one participant dropped out after several sessions. Participants were included in the study if they had attended the group and were considered by clinicians in the service to have adequate verbal ability to take part in a semi-structured interview. On this basis, eight group members were excluded from the study due to their level of verbal ability. Twenty-two participants were invited to take part in the study. Four were unable to attend their interviews due to illness, while three others were unable to be interviewed within the time constraints of the first author. The first author directly contacted day centres to arrange to meet with the remaining 15 participants (see table 1 for information about participants) including one participant who had dropped out of the group. The first author provided information, both verbally and visually, about the study and agreed an interview date. Informed consent to take part in the interview was provided by all participants. Participants were aged between 23 and 45 years. All participants had diagnoses of mild or moderate intellectual disabilities and while 5 participants had an additional diagnosis of Down syndrome and 3 participants had a diagnosis of Autism. All diagnoses had been determined by the service as part of their eligibility criteria. The participants also experienced a range of mental health difficulties including depression, anxiety, and psychosis while one participant was referred to the group due to experiencing a bereavement. Eight women and seven men, of Irish ethnicity, took part in the interview. The majority of participants (n=13) lived at home with their families while one participant lived in residential setting with other service users and one participant lived at home with a carer. Ethical approval was granted by both the host university and the host service ethics committees affiliated with the authors of the study.

(Inset table 1 here)
Procedure

All interviews were carried out by the first author. A semi-structured interview (see table 2) was designed to guide data collection, focusing on participants’ experiences of a mindfulness group. The questions were designed to be easily understood and comprised both open and closed questions. For example, participants were asked whether they had been to other groups or to individual therapy (closed question), but they were also asked what they had done in the group and what they had liked about it (open questions). Interviews took part in a quiet part of the participant’s day centre and lasted between 25 and 50 minutes. Due to time constraints of the research project, data collection took place during a specific time frame. As such, eight participants were interviewed six months after completing the first group, while seven participants interviewed within one month of completion of the second group. During the interview, questions were asked regarding the participants’ recall of the group. All participants were able to provide objective information about the group, such as the mindfulness exercises that took place and information about the facilitators. The differences in reports within each of the two groups surpassed any differences between the two groups, which suggests that both groups had similar levels of recall.

At the end of the interview participants were invited to add anything they wished. The interview was designed to be flexible in that all participants were asked all the questions in the interview schedule, but prompts were used to encourage participants to expand their answers. Sometimes these were very general prompts, such as ‘can you tell me more about that?’ and sometimes they were more specific, for example, after a participant had mentioned a difficult aspect of the group, the researcher commented ‘that sounds difficult, was that difficult for you?’ It was decided to use these leading questions deliberately as participants were unlikely to spontaneously report the negative aspects of the group.
The booklet containing meditations and the thank you diary was used to aid memory for the group when necessary, and the interviews were started with an ice-breaking exercise where they were asked about themselves and asked to choose a pseudonym for the study.

(Inset Table 2 here)

Data analysis

The interviews were recorded on a digital recorder before being transcribed verbatim by the first author. The present study used Thematic Analysis, a method for identifying analysing patterns in qualitative data (Braun and Clarke, 2006). Thematic Analysis aims to generate an analysis from the bottom up and focuses how participants’ experience the world. The main strength of Thematic Analysis is its flexibility and does not prescribe theoretical positions or epistemological frameworks (Braun and Clarke, 2013). The current study wanted to stay as close to the experience of the participants as possible, and so a critical realist perspective was taken. The authors were aware that they were adults without an intellectual disability interviewing and analysing data from adults with an intellectual disability, and therefore assumptions about adults with intellectual disabilities were discussed in research meetings with the second author in order to increase reflexivity.

The analysis followed the six phases of thematic analysis; familiarisation coding searching for themes, reviewing themes, defining and naming themes, and final analysis and writing the report. The first author led the analysis, and themes were discussed in research meetings. As the study focused on an intervention in clinical practice this influenced the researchers’ choices of themes. They were aware of this and particularly looked for emerging themes that did not reflect straightforward answers to the interview questions. Given the difficulty in previous research of accessing negative aspects of interventions the researchers remained aware of these issues as they arose.
Results

The data from the semi-structured interviews provided descriptive accounts of the group. Some of the themes that emerged were specific to the mindfulness approach while others focused on group process factors. Three super-ordinate themes and seven subthemes were identified. A summary of themes can be found in table 3.

(Insert Table 3 here)

Theme one: ‘Positive Aspects of Mindfulness’

The first superordinate theme refers to participants’ experiences of engaging in mindfulness. The majority of participants reported a very positive experience of mindfulness. The positive aspects are grouped in a number of subthemes below:

Subtheme 1: ‘Relaxing, breathing and letting thoughts go’

Participants remembered certain activities from the group and specific mindfulness content. All of the participants believed that the chief function of mindfulness was to help one relax or calm down. The most frequently reported meditation was the ‘Raisin in hand’ followed by the ‘Mountain Meditation.’ Some participants also indicated that mindfulness was helpful as way to ease worry and negative thoughts as one participant reported “I was starting to learn about dealing with my worries” (Ann) and another “It’s about thinking about right now, in the present…It helps you relax more and get the bad thoughts of your head.” (Catherine) while another reported, “It slows down my mind….It helps me not think of other things. Just ‘be here now’, I like to be mindful” (Cheryl). The descriptions by the participants conveyed an understanding that mindfulness could be helpful in managing difficult thoughts and worries by focusing their attention on present, which appears to fit with the theoretical aim of mindfulness.
Participants reported that they noticed that they felt calmer and more relaxed since completing the group. Some participants reported that they had newly acquired skills and were able to use these skills to overcome difficult situations; one participant reported “When I’m in the day centre, sometimes I get a bit grumpy…I can use the mindfulness. I bring the stuff with me.” (Gabrielle). Another participant described “I would go upstairs by myself. Do the breathing by myself. It helped a lot.” (Ann Marie).

Subtheme 2: ‘It was quiet time’

Participants reported that the group offered a quiet space where they were able to experience a sense of calm. This quiet space was particularly encouraged through the mindfulness exercises. As one participant reported, “I liked it, I sat and felt calm. I didn’t talk and just sat in silence.” (Nick). Another participant reported; “It was nice to take your time with it… I got to slow down a bit. It was quiet time “(Whitney).

Theme Two: Positive aspects of attending the group

Participants also reported their experience of attending the mindfulness group. This encompassed aspects of the process of the group and did not focus on their experience of engaging in mindfulness.

Subtheme 1: ‘Being Together’

A sense of togetherness and support was experienced by participants in the group sessions. For example, one participant reported “We did it together, all of us” (David) while another participant reported; “Everyone is a good support to each other. Being together.” (Gabrielle). This theme emerged strongly in the accounts participants gave when comparing individual therapy to the group intervention. Participants who had experienced individual therapy valued the space to talk privately, but also valued the support the group gave them to learn and develop mindfulness skills. This indicates that the shared experience involved in
being part of a group was important to participants even though there was little focus on group process in the mindfulness protocol.

Subtheme Two: ‘I got to do it with my friends’

This subtheme illustrated that participants experienced interpersonal relationships in the group as positive. New relationships were formed and developed as a consequence of participating in the group. Participants saw the other group members as friends and the group was also an opportunity for social interaction. However, some of this was facilitated through specific exercises based on the mindfulness curriculum; one participant reported “we told each other our good news” (Sophie). Participants also spoke positively about their relationship with the group leader. Furthermore, another participant reported that she had developed greater social skills as an outcome of attending the group; “I’m OK meeting new people now” (Ann).

Subtheme 3: ‘You’ll get a certificate in the end’

Many participants reported that they felt a sense of accomplishment and pride in completing the group and receiving a certificate as a result. For example, one participant reported, “Yeah I felt proud. She gave it to me cause I done well.” (Stephen). Participants highlighted the personal achievements of the group and benefited from having a concrete and tangible reminder of their work within the group.

Theme 3: Negative Aspects of attending the group

While the participants on the whole tended to focus on the positive aspects of the group, some participants did report negative experiences of being in the group. However, this was through prompting by the first author. Participants did not report difficulties with specific characteristics of the group, e.g. the size of the group, instead focusing on specific behaviours of individuals or events in the group.
Subtheme One: ‘I didn’t like them doing things’

The behaviour of other group members was reported by some participants as a barrier to fully engaging with the group. In particular, many participants reported that they found it difficult when other participants made noise; “I didn’t like people talking over others and making noise.” (Whitney) Another participant didn’t like when other people laughed as it was seen a sign of not taking the group seriously, “I think [group member] laughs. I think she finds it funny. [So you don’t like it when people laugh?] Not really, I like to concentrate.” (Cheryl). This negative experience may be particularly relevant for individuals with intellectual disability as they are more likely to experience difficulties with sensory processing. We hypothesised that this noise contrasted with the quiet that the group engendered through the mindfulness exercises.

Subtheme two: ‘It made me feel sad’

Another negative aspect of the group identified by participants was when group made personal disclosures. This appeared to be most difficult for participants who had experienced a bereavement. Several of these participants reported finding the group difficult when others spoke about the death of loved ones and feeling sad. As one participant reported, “when [group member] talks about her dad and it reminds me of my mum...My mum died”. This was reported spontaneously by a number of participants, and emerged despite the focus of the group being on mindfulness tasks, not on sharing of experience. Only one participant who had experienced bereavement did not report any difficulty with hearing about the experiences of other group members who had been bereaved, “Other people have to have lost loved ones in here. Remember that it is not all about me” (Jimmy). Furthermore, two participants who were attending individual therapy reported that they felt unable to talk about difficult emotions or experiences in the group and reserved this for their individual therapy sessions.
Those participants also reported that they found it difficult to hear other group members talk about difficult experiences. Such disclosures appeared to be spontaneous as participants were not expected to make disclosures in the group.

Discussion

The present study replicates and extends previous qualitative research exploring the experiences of people with intellectual disabilities engaging in a group mindfulness intervention. The themes that emerged across the fifteen participants reflected specific mindfulness components that they remembered and had found useful, and also group process issues that had facilitated or impeded their use of mindfulness techniques. Participants were able to recall specific meditations and mantras that had been helpful, as well as reflecting on the importance of working in a group. Some participants did struggle with aspects of the group, especially when it got noisy or when other participants shared difficult emotional experiences. However, most participants reported a positive impact on themselves with reduced worry and newly acquired skills.

The results of the study support the body of research that is emerging, which suggests that participants experience mindfulness as a beneficial form of intervention (Chapman and Mitchell, 2013; Idusoham-Moizer et al., 2015; Yildiran and Holt, 2015). Participants in the present study did not report any drawbacks to using mindfulness. While some participants understood mindfulness as bringing attention to the present moment, the majority of participants focused on mindfulness mainly as a form of relaxation. The literature appears to convey a mixed relationship between mindfulness and relaxation. Relaxation can be an effect of mindfulness however it is not the primary purpose but rather a secondary gain (Shapiro and Shapiro, 1982). It may be the case individuals with intellectual disabilities may find it easier to identify relaxation from feedback of body signals and may find the abstract nature of
reporting on thoughts more difficult due to language and communication difficulties (Yildiran and Holt, 2015). The results indicated that participants were able to use mindfulness techniques outside of the group, particularly in response to stressful situations. However the majority of participants did not tend to practice mindfulness between sessions. A small number of participants reported to use the practice CD at home, however this appeared to be used inconsistently. This suggests that participants may have benefitted from guidance to engage in further mindfulness practice. Service users may also benefit from involving caregivers in the group format and to support service users to continue in mindfulness practice between sessions and after the group has ended (Idusoham-Moizer et al., 2015). The first author also probed for information regarding the elements of the group participants would change or improve upon such as the length of sessions and ease of understanding the material covered in the group. The participants reported satisfaction with the group and did not tend to provide specific feedback regarding the group format and structure.

The results of the present study supported existing literature which suggests that participants not only benefit from the content of therapeutic groups but also the process of the group. The themes which emerged from the data resonate with certain aspects of Yalom’s (1985) factors of group therapy. For example, the subtheme ‘Being together’ maps onto the factor of ‘Cohesiveness’ as participants felt a sense of belonging to the group and valued the group. Indeed, there is also evidence to suggest that engaging in mindfulness as a group can enhance group cohesion (Cleirigh and Greaney, 2015) and as such, the mindfulness activities may have also contributed to this process. The subtheme ‘I got to do it with my friends’ has some similarities to Yalom’s group factor; ‘Development of Socialising Techniques,’ as the group provided an opportunity to increase the participants’ social repertoire. However one aspect of Yalom’s group therapy that was not identified by participants was ‘Universality’. Many of the participants were unaware of difficulties faced by others in the group and so
could not identify with others’ problems. Furthermore, the experience of hearing about others’ bereavements or emotional difficulties was reported to be aversive rather than beneficial.

**Implications for clinical practice**

The results of the present study have implications for clinical practice and service delivery. The results of the study have highlighted that the group is considered to be a valuable intervention by participants. While research has indicated that mindfulness based interventions appear to be equally effective when delivered individually or in a group format (Schroevers et al., 2016), it was noted that for the participants who had engaged in individual therapy there were different perceived benefits of attending the group. Therefore there may be a place for both group and individual therapeutic interventions for people with intellectual disability. The results of the study also highlighted that many participants who found it difficult when other group members spoke of their own experiences of bereavement or other difficult experiences. As such this should be a consideration for future groups to provide boundaries around personal disclosures in the group setting and to ensure that group members are provided with additional support where necessary.

Furthermore, individuals with intellectual disabilities can experience a range of difficulties such as social exclusion, discrimination, internal and external stigma and inadequate social and emotional support, which can increase the risk of developing mental health difficulties. It is argued that mindfulness can help accept symptoms of situations that are difficult to change (Fjorback et al., 2011) thus mindfulness may be helpful in the prevention in the development of mental health difficulties and could be provided within an intellectual disability services for all service users.
Limitations of the study

There were a number of limitations of the present study. The study included individuals with good verbal skills, and therefore it has not included the views of service users who have more limited verbal communication and therefore is not representative of the wider intellectually disabled population. This may be particularly important as previous research has suggested that participants with moderate to severe intellectual disabilities may struggle with some of the concepts of mindfulness (Chapman and Mitchell, 2013). Mindful interventions such as Soles of the Feet appear to work for people with moderate to severe intellectual disabilities (e.g. Singh et al., 2007), but how it is delivered may be crucial.

The research did not include self-report measures for example on anxiety and depression. As such there were no objective outcome measures which may have provided insight as to whether participants’ initial difficulties improved over the course of the group. As a result the present study cannot report on the efficacy of the intervention, only on participants experiences of it.

Thematic analysis was used in the present study however there are a number of disadvantages of using this method of analysis. According to Braun and Clarke (2006) thematic analysis has a limited interpretative power beyond description and it may also miss nuanced data. It is also argued that the flexible nature of thematic analysis makes it difficult for researchers to ascertain what aspects of the data to focus on.

Future Research

Despite the fact that the researcher in the present study was not involved in the running of the group and emphasized to participants that their participation in the study would not impact on the services they receive, the participants still appeared to struggle to report on negative aspects of the group. While some participants reported some challenges...
associated with the group, the majority of the participants reported very little criticism of the group, even when prompted. Future research should seek to address this, perhaps by involving participants in the development of the research design, including development of the interview questions. Further research could also prevent bias in the analysis by inviting participants to comment on the interview transcripts and whether the final themes and concepts created adequately reflect the phenomena being investigated. Furthermore, future research should also seek to include objective outcome measures to complement the qualitative data. Mixed methods approaches where objective measures of change are coupled with specific qualitative enquiry into specific aspects of mindfulness and general qualitative enquiry about participants’ experiences could truly explore the acceptability and value of mindfulness-based interventions for individuals with intellectual disabilities.

**Conclusion**

The mindfulness group was seen as valuable for participants. Participants were very forthcoming with their feedback and provided rich accounts, though it must be noted that there was a bias towards positive reporting of the experience of the group. Using a qualitative methodology ensures that the voices and experiences of individuals with intellectual disability are privileged and can complement other quantitative approach regarding the efficacy of services.
References


Table 1: Participant demographics

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*This participant did not complete the mindfulness group in full.*
Table 2 Semi-structured interview questions

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<th>Answer</th>
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<td>What did you in the group?</td>
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<tr>
<td>What was it like being in the group?</td>
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<tr>
<td>What did you like about the things you did in the group?</td>
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<tr>
<td>What didn’t you like about the things you did in the group?</td>
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<td>Has anything changed since going to the group?</td>
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<td>Would like the group to be different?</td>
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<tr>
<td>Have you had one-to one therapy before?</td>
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<td>If so, how has the group been different?</td>
<td></td>
</tr>
</tbody>
</table>

*Seven of the participants had engaged in one to one therapy*
Table 3 Summary of superordinate themes and subthemes

<table>
<thead>
<tr>
<th>Superordinate Themes</th>
<th>Subthemes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Positive Aspects of Mindfulness</td>
<td>Relaxing, breathing and letting thoughts go</td>
</tr>
<tr>
<td></td>
<td>It was quiet time</td>
</tr>
<tr>
<td>Positive Aspects of being in the group</td>
<td>Being together</td>
</tr>
<tr>
<td></td>
<td>I got to do it with my friends</td>
</tr>
<tr>
<td></td>
<td>You’ll get a certificate in the end</td>
</tr>
<tr>
<td>Negative Aspects of being in the group</td>
<td>It made me feel sad</td>
</tr>
<tr>
<td></td>
<td>I didn’t like them doing things</td>
</tr>
</tbody>
</table>
Article Title Page

['Be here now']-Service users' experiences of a mindfulness group

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[Author 4 bio]

Structured Abstract: Purpose: The present study explored service users’ experiences of a mindfulness group intervention. Design/Methodology: Fifteen participants with a diagnosis of a mild or moderate intellectual disability and concurrent mental health difficulties were interviewed about their experiences of a mindfulness group. Thematic analysis was used to interpret the data. The three superordinate themes that emerged were Positive aspects of mindfulness, Positive aspects of attending the group and Negative aspects of attending the group. There were seven subordinate themes. Findings: The results highlighted that participants found the mindfulness group to be beneficial, partly due to specific aspects of the mindfulness intervention and partly due to the group process. The negative aspects of the group were harder to elicit, and were less specifically related to mindfulness. Originality/Value: Mindfulness-based interventions have emerged as a promising approach for individuals with intellectual disabilities with mental health difficulties. There is currently a lack of research exploring the views service users with intellectual disabilities regarding their experiences of mindfulness interventions.