

"As long as there is breath in the body there is more right with us than wrong with us". Jon Kabat Zinn

Inclusion criteria

- LTHC and in some form of struggle with it.
- Ruminative (often about the condition, future, role, etc.), worriers.
- MDS scores indicative of anxiety and/or low mood.
- Non-accepting of their condition or its effects on their life.
- People interested in mindfulness and willing to move towards acceptance as opposed to reduced symptoms.
- Poor sleep, poor appetite, enlarged appetite, over reliance on alcohol or drugs (prescribed or street).
- Clients will be motivated to attend the majority of the sessions.
- Clients will be able to commit to engage with the home practice between sessions.
- Low risk (there will be minimal capacity for facilitators to review and manage risk)

Exclusion

- If person is in the middle of a very busy time (e.g.: hospital appointments, moving house).
- Severe anxiety (i.e. unable to sit and settle high levels of physical agitation).
- Severe depression with suicidal rumination and plans (as we meditate this sort of person may tend to RUMINATE).
- Severe ADHD.
- PTSD with dissociation and flashbacks. There can be background trauma but not PTSD symptoms.
- · High risk and history of significant self-harm / risk to self

Please feel free to contact mihaela.vasilescu@nhs.net for further information.



WHY MBSR?

Mindfulness was created initially by Jon-Kabat Zinn for people with chronic conditions.

It is a mind-body approach that could:

✓ MAKE IT EASIER
FOR PATIENTS TO
LIVE WITH
CHRONIC PAIN *

 CHANGE THE WAY they relate TO
STRESSFUL LIFE
SITUATIONS

HELP PATIENTS
gain strategies to
manage their LTC

✓ MBSR offers
another potentially
helpful intervention
for Chronic Pain
management**

*systematic review (Garmon et al., 2014)

** systematic review and network meta-analysis (Khoo et al., 2019)