**STUDY PROPOSAL**

**Effectiveness of a multi-disciplinary lifestyle intervention (The Lift Project) for improving the mental health and emotional wellbeing of individuals with an affective mood disorder in South Africa –**

**a pilot study.**

**Synopsis**

The most common psychological conditions reported in the literature are depression and anxiety (Albert, 2015; Laborde‐Lahoz et al., 2015). Within the mid-to-low income countries, South Africa ranks amongst the highest in lifetime prevalence of Common Mental Disease (CMD) according to the WHO World Mental Health Survey (Stein et al., 2008) and in 2013 was ranked as the second most stressed country in the world (Bloomberg, 2013). Anxiety disorders have been found to be the most commonly diagnosed class of CMD’s in South Africa (Kaminer et al., 2018) and have resulted in it being the highest mean out-of-role days (28.2 per year) for all mental illnesses in the country (Mall et al., 2015). An unsettling past fraught with racial inequalities, political violence and preferential socio-economic profiles has paved the way for a society fully dependent on a functional public sector mental health system which presently has inadequate financial resources, leading to clients with CMD not receiving the necessary care or possibly receiving no care at all (Kagee, 2008).

In spite of the increased administration of the standard pharmacological protocols for affective conditions worldwide, the prevalence of mental health conditions is on the rise (Jorm et al., 2017; Mojtabai & Jorm, 2015). This not only questions the efficacy of these drugs that are used to address the mental health burden but also highlights how they rather complicate the disease profile with unpleasant side effects (Huhn et al., 2014).

Numerous lifestyle interventions have been shown to be effective (as an adjunct or an alternative) for improving the symptoms associated with mental illness (Manger, 2019). Shortcomings of all these interventions is that they are limited to addressing a select few modalities (nutrition, exercise, substance cessation, sleep and cognitive behavioral therapy), whereas the recent evidence-based studies focus on a broader spectrum of lifestyle methods, referred to as a multi-disciplinary approach (Morton et al., 2020). One multi-disciplinary lifestyle intervention that has been shown to improve an individuals’ emotional wellbeing is “The Lift Project” (Morton et al., 2020; Przybylko, Morton, Morton, et al., 2021; Przybylko, Morton, & Renfrew, 2021; Renfrew, Morton, Northcote, et al., 2021). The Lift Project is based on principles from neuroscience, medicine, physiology and positive psychology and is systematized into a 10-week lifestyle educational program. Numerous studies have reported positive outcomes of The Lift Project among generally healthy cohorts (Przybylko, Morton, Kent, et al., 2021; Renfrew, Morton, Morton, et al., 2021), but there is a need to study the effectiveness of the intervention among people with a diagnosed affective disorder.

The study will examine the effectiveness of The Lift Project for improving the mental health and wellbeing of clients from a General Practice in South Africa who have a diagnosed affective disorder. The study will be conducted by a Master of Lifestyle Medicine student with 20 years of experience as a Physiotherapist and will be supported by a local General Practitioner.

**Research Questions**

1. How effective is a multi-disciplinary lifestyle intervention (The Lift Project) at improving the mental health and emotional wellbeing of participants with diagnosed mental illness (affective mood disorders)?
2. Which components of The Lift Project lifestyle intervention have the greatest effect on the mental health and emotional wellbeing of participants with diagnosed mental illness (affective mood disorders)?

**Methodology**

***Study Design***

This pilot study will be a single-arm, pre-post cohort study.

***Study Participants***

Forty participants aged between 18 – 65 years.

Inclusion Criteria:

1. Male and female clients currently living with an affective mood disorder (depression and/ anxiety).
2. Clients currently on medication for their respective conditions.

Exclusion Criteria:

1. Pregnant or lactating mothers.
2. Clients scheduled to be taken off their respective prescription, during the scheduled 10-week period of the program.

All participants are required to inform the program facilitator regarding any changes in prescribed medication.

*“The Lift Project” Intervention*

The Lift Project involves one session per week over a 10-week period.

The content covered in the intervention as well as the associated challenges are shown in the table below.

| Week | Topic |
| --- | --- |
| 1 | ***Session 1: Speak positively.***  Introduction to the emotional brain (the Limbic system).  Language and the emotional brain.  ***Challenge***: Memorizing inspirational literature, 7 compliments. |
| 2 | ***Session 2: Move dynamically***  The influence of physical activity on the emotional brain.  Sit less, Oxygenate, Strengthen and stretch.  ***Challenge***: Step challenge, Strengthen. |
| 3 | ***Session 3: Immerse in an uplifting environment***—***part 1*** (physical environment).  Nature deficit disorder, sunlight and mood, environmental influences on mental health.  ***Challenge***: Morning sun, Music. |
| 4 | ***Session 4: Immerse in an uplifting environment—part 2*** (social environment).  Relationships.  ***Challenge***: Love dare. |
| 5 | ***Session 5: Look to the positive***.  Gratitude effect, forgiveness, hope.  ***Challenge***: What went well? The Gratitude visit. |
| 6 | ***Session 6: Eat nutritiously.***  Food and mood.  Water, fibre, colour.  ***Challenge***: Plant slant/ Firsty foods first. |
| 7 | ***Session 7: Rest well.***  Managing stress.  ***Challenge***: Relaxation response. |
| 8 | ***Session 8: Rest well.***  Sleep and work life balance.  ***Challenge***: Long night, Sabbath. |
| 9 | ***Session 9: Serve.***  Alturism, meaning. Signature strengths.  ***Challenge***: Signature service. |

Each session will involve the viewing of an educational video and group discussions which will last

approximately 45 – 60 minutes. At each session the participants are required to complete a concise

wellbeing questionnaire (see below) and will be provided with a challenge for the week that involves

implementing a strategy designed to increase personal wellbeing, that arises from the educational

video.

The intervention will follow the model of: Learn, Experience, Think, Share (LETS):

Learn – the participants will view an educational video (approximately 15-20 minutes) presented by Dr

Darren Morton. In the weekly presentations the participants will be educated regarding how their brain

is “wired” and introduced to a strategy for improving “making it happier”.

Experience – the participants will be issued an associated challenge for the week that involves putting

into practice the strategy presented in the video.

Think – the participants are encouraged to reflect on how the strategy affected their emotional

wellbeing.

Share – the participants are encouraged to share with others what they are learning.

***Data collection***

The table below shows the timing of data collection and the methods of collection are described further below.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Pre**  **(Week 1)** | **Intervention**  **(Weeks 2 – 9)** | **Post**  **(Week 10)** |
| **Wellbeing Questionnaire (extensive)** | ✔ |  | ✔ |
| **Wellbeing Questionnaire (concise)** |  | ✔ |  |
| **Open-ended questions** | ✔ | ✔ | ✔ |

*Wellbeing Questionnaire (extensive)*

Participants will complete an extensive wellbeing questionnaire (see Appendix 1) at the beginning and end of the 10-week intervention. The questionnaire will include likert items for quantitative analysis and will take approximately 15-20 minutes to complete. The wellbeing questionnaire is derived from several validated instruments and measures domains including:

1. General and physical health.
   1. Perceived health – questions derived from SF-36 (McHorney et al., 1994; Ware, 2015).
   2. Health behaviors including diet and substance use (Adventist Health Study II), physical activity (International Physical Activity Questionnaire) and sleep (Pittsburg Sleep Quality Index).
2. Mental/Emotional health.
   1. Mental health (SF-36)
   2. Vitality (SF-36)
   3. Depression/Anxiety/Stress (DASS-21)
3. Social support (Zimet, 1988).
4. Life satisfaction & meaning.
   1. Flourishing (Diener, 2010)
   2. Personal beliefs (WHO Quality of Life questionnaire, 2002)
   3. Spiritual (Ohio State University, 2015)
   4. Life satisfaction (Diener, 185)

At the beginning of the program (Week 1) the questionnaire will also include one open-ended question:

1. Comment on how you would describe your present level of wellbeing.

At the end of the program (Week 10) the questionnaire will also include three open-ended questions:

1. Comment on how you would describe your present level of wellbeing.

2. Do you feel that your wellbeing changed as a result of The Lift Project? If so, in what way did it change and what do you think caused the change?

3. Have you learnt anything in The Lift Project that has better equipped you to care better for your wellbeing in the future? If so, please explain.

*Wellbeing Questionnaire (concise)*

Each week the participants in the intervention will complete a concise wellbeing questionnaire that will take approximately 2 minutes. The concise questionnaire (see Appendix 2) will only include nine questions that constitute the mental health and vitality domains of the SF-36 described above.

*Open-ended questions*

Open-ended questions will be included in the extensive wellbeing questionnaire and are shown in Appendix 3.

For the weekly concise wellbeing questionnaire the participants will be asked one open-ended question: *Did you complete the challenge for the week? If so, did it affect your sense of wellbeing in any way?*

***Data Analysis***

SPSS will be used to analyse the quantitative responses from the questionnaire. Descriptive statistics will be used to represent the responses and comparisons will be made with available normative data from the literature. Paired t tests will be used to examine changes in the domains of wellbeing measured in the questionnaire from the beginning to end of the semester. The open-ended questions will be entered into NVivo and analysed for themes. Repeated Measures ANOVA will be used to examine changes in the weekly data from the concise version of the questionnaire.

**Significance of the Study**

The study will inform the potential benefits of a multi-disciplinary lifestyle intervention for improving the mental health and emotional wellbeing of people with affective disorders in South Africa, for which there is a desperate need.

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