Project UPLIFT is a distance-delivered mental health skills program originally designed to address depression among people with co-morbid chronic diseases such as epilepsy. People with epilepsy suffer neurological impairment, as well as medical, economic, and social hardships as a result of their disability. Depression is a common co-morbid psychiatric disorder among people with epilepsy that often goes unrecognized and untreated. Development of Project UPLIFT was funded through the CDC, and the NIH funded a modified version for prevention. Both versions were evaluated through focus groups and in randomized controlled trials for people with epilepsy. Project UPLIFT has also been used, and adapted when necessary, with several other diverse populations. We will present results on the effectiveness of Project UPLIFT for people with epilepsy, along with findings from the adaptation of Project UPLIFT with African Americans with epilepsy.

D. E. S. I. G. N. A. N. D. M. E. T. H. O. D. S
Effectiveness of Project UPLIFT
Two RCT Studies (cross-over design)
• Treatment Study (n = 40; 8 weeks; funded by CDC)
  • Intervention for people with epilepsy who screened positive for depression on the CES-D
    • Participants from GA
    • Prevention Study (n = 118; 8 weeks; funded by NIMHD)
  • Intervention for people with epilepsy who had depressive symptoms on the CES-D (e.g., 6-27) but did not meet criteria for Major Depressive Disorder
  • Participants from GA, MI, TX, and WA

Project UPLIFT with African Americans with Epilepsy
• Community Advisory Board (three people with epilepsy; two support providers; two healthcare providers; two community advocates)
• Focus Groups (adult African Americans/Blacks with epilepsy; support persons)
• Interviews (health care professionals of AA/B with epilepsy)
• Pilot Randomized, Controlled Trial - in progress

R. E. S. U. L. T. S
Treatment Study
• Significant increases in knowledge/skills around coping with depression and epilepsy symptoms
• Significant decreases in depressive symptoms

Prevention Study
• Significant increases in knowledge/skills around coping with stress and epilepsy symptoms
• Significant decreases in depressive symptoms; increased life satisfaction
• Incidence of Major Depressive Disorder of 0% for Project UPLIFT group compared to 10.7% in treatment as usual

C. O. N. C. L. U. S. I. O. N. S
Project UPLIFT is an effective distance-delivered mindfulness-based intervention to address the mental health of people with epilepsy. Project UPLIFT shares promise with various diverse chronic disease populations with co-morbid depressive symptoms, particularly African Americans with epilepsy.

Research is ongoing to assess the effectiveness of Project UPLIFT with a variety of other diverse populations. These include caregivers of people with epilepsy, Hispanics with epilepsy, adults and youth with cystic fibrosis, rural pregnant women, and women with cardiovascular disease. Plans for research on using Project UPLIFT with young adults with Sickle Cell Disease and mothers of infants in the NICU are also underway.

For more information, please contact the Georgia Health Policy Center at 404.413.0314 or visit us online at www.ghpc-georgia.edu

Cultural Adaptation Interview and Focus Group Findings

Key Themes
- African Americans may experience more mental health stigma
  • Unfortunately, diseases of the mind, depression, anxiety, bipolar disorder, schizophrenia—it’s culturally not accepted that well. I think there is slightly more of a stigma in accepting psychiatric etiology in the African American population than other populations.
- Depression among African Americans with Epilepsy
  • I feel like just the frustration of the day-to-day living, not knowing what’s going to happen is pretty like depressin. It takes effort to keep yourself uplifted and remaining positive because it’s real easy to get down on yourself.
- Mistreatment of the medical systems
  • “I would say that, in general, African American patients are less apt to seek medical care just because of the history; you know, that we have as a race concerning clinical trials, like the Tuskegee study. So I think that’s one thing. Simply just fear, mistrust of the medical system in general.”
  • African Americans want more information and education about epilepsy
  • “I’m oftentimes having to explain to people that it’s not a disease. It’s a disorder. You know you’re not going to catch it. People are even still saying it’s a demon. I mean there’s a whole lot of ignorance and just lack of education around the disorder.”

Reactons to Project UPLIFT were open and positive
- “This is not the first time I’ve heard of any of these things, and I never thought of them as ways to help my epilepsy. I just thought of them as ways to help me as a person, to help me be a better person, you know the exercises like this. So, I can’t see how it could hurt if I tried to relate it to the epilepsy.”
- “I like the last part when you actually breathe in and the air that’s going through your nostrils. That particular part really just made you become aware. It’s kind of brings you back to reality so to speak.”
- “I personally think that’s a good technique just because one thing I do notice about myself is that I’m tense but it’s kind of like I’m not aware that I’m tense… And then I’ll notice like my arms are very like tense or my shoulders are very tense. So, I think being aware could be useful because I think sometimes that tenseness can kind of lead to you feeling kind of stress and then the stress leads to you feeling like you’re going to have a seizure.”

4. Attention and Mindfulness
5. The Present as a Calm Place
6. Thoughts as Changeable and Impermanent
7. Pleasure and Reinforcement*
8. Relapse Action Plans

*Sessions emphasizing CBT skills