

**THE**



**DRUMBEAT**

**PROGRAM**

**In**

**MENTAL HEALTH**

**SETTINGS**

**A Review of Three Formative Evaluations**

**2009**



**Sir Charles Gairdner Hospital**

Celebrating 50 years of excellence: 1958-2008



North Metropolitan Area  
Health Service  
Mental Health

## **Abstract**

This article examines the results of the three formative evaluations of the Holyoake DRUMBEAT program, in mental health settings over a two year period, between 2007 and 2009. The DRUMBEAT program is a music based intervention aimed at reducing social isolation and increasing self esteem. Both these outcomes are relevant to people with mental health issues who are often alienated from society and lacking in self confidence (Morgan et al, 2007). Designed primarily for young people with behavioural issues and in use in over 300 Australian schools the Holyoake DRUMBEAT program is increasingly being used by mental health treatment and prevention services targeting both young people and adults.

The three studies examined in this report involved adult groups whose participants ranged in age from those in their early 20's to mid 50's. Two of the three studies were set in community health centres designed to facilitate the transition between hospitalisation and community life whilst the third study was set in a psychiatric ward with both inpatients and out-patients attending. Maintaining group numbers was a major challenge in two of the three programs with health issues and organisational challenges regularly impacting on participant attendance, making the closed group structure of the program design problematic.

Despite these hurdles positive results were recorded in each of the three studies. Consistent amongst the findings were reductions in anxiety, particularly regarding social interaction; improvements in mood and level of affect, with more laughter and positive body language; as well as increases in self esteem and improvements in levels of focus and concentration. Self reports and interviews recorded with clinical staff supported the quantitative data and are congruent with an increasing body of evidence that supports the value of music based interventions with people with a mental health diagnosis.

**The Holyoake DRUMBEAT program  
In Mental Health Settings – a review of three studies.**

**Background**

Music has been used as tool for healing in cultures around the world for thousands of years (Weiss, 2002). Across the ancient world Greek philosophers, Chinese medical practitioners, Indian seers and American shamans, to name a few, recognised the power of music, to support healing (Bealieu, 1987). In more modern times the professional field of music therapy has arisen to develop scientifically proven models of therapy utilising music, whilst many more unendorsed practitioners and individuals make use of music's ability to heal and comfort (Bruscia, 1989).

Numerous studies have demonstrated the positive impact music has on a person's mental health (Evans, 2002). These include physical relaxation, through the production of alpha brain waves associated with calm and feelings of well being, the regulation of heart rate and breathing, the reduction of stress hormones and the cessation of hyper-vigilant thought patterns (Friedman, 2000). Music has also been associated with reductions in stress, invoking changes to DNA that literally switch off components of the human stress response (Bittman et al, 2005).

Music is also useful in its ability to transcend the language requirements of many other therapies, bypassing the cognitive and quickly reaching the emotional sphere (Schrock, 2009). Music enables participants to release unprocessed feeling in a safe and healthy way and can unlock pent up emotions that underlie deep rooted issues which often manifest physically

(Saussar & Wallar, 2006). Music allows for an emotional intimacy that would otherwise be too frightening, too awkward or too shaming (Aldridge, 1999).

Music is a vibrational energy that penetrates the deepest recesses of the mind and body (Gaynor, 2002). Vibrations from rhythmic sounds have a profound effect on the brain, and many cultures still use sound rhythms to effect differing states of consciousness, including meditation and trance (Gaynor, 1999). People today use music regularly to regulate their feelings, for comfort and support, and for energy and exhilaration. Numerous studies have demonstrated the influence music has over a persons overall mood (De Nora, 2000, Hallam, 2009,). When sound is properly mobilized, it can synchronize the human body toward greater harmony and balance (Gaynor, 2002).

Music also acts to support social bonding, cementing social ties and enhancing social connection. Through active participation in music people share an emotional experience – it is shared emotional experiences that bind individuals together in a functional society (Rime, 2007). Traditionally music has been used in many cultures to build community and provide a sense of belonging (Weiss, 2002). Participation in music-making groups promotes friendship, trust, cooperation and collaboration. Judgements and misrepresentations common to communication through language are avoided in the music group (Friedman, 2000). Music making develops pro-social skills such as sharing, tolerating difference and problem solving which serve the participant well in other social contexts (Hallam, 2009).

### **Holyoake's DRUMBEAT program – theory & origins**

Holyoake, The Australian Institute for Alcohol and Drug Addiction Resolutions, is one of Australia's largest alcohol and other drug (AOD) treatment services with branches in most Australian states. Established in Perth in 1975, Holyoake was the first service in Australia to develop a family based model to working with their clients. Holyoake is a registered training organisation and is a leader in training for professionals working in the AOD sector.

The DRUMBEAT program was developed in the Wheatbelt region of Western Australia, an area of 280,000 square kilometers east of Perth, with a strong Aboriginal presence of Noongar and Yamatje people. The Holyoake DRUMBEAT program was developed in immediate response to the difficulty of engaging young Aboriginal people in talk based therapies and arose from an idea generated by an Aboriginal Education officer who was successfully using drumming to reduce tensions between young people in the town of Northam. Drumming has a cathartic element that allows for the safe release and exploration of emotions.

Like all of Holyoake's programs DRUMBEAT is a relationship program. The name DRUMBEAT is an acronym for *Discovering Relationships Using Music – Beliefs, Emotions, Attitudes & Thoughts*. The theoretical underpinnings for this emphasis on relationship issues derive from both Social Learning Theory and Family Systems Theories. Within these frameworks there is a common acceptance of the importance of the social context in determining behaviour and facilitating behaviour change.

Raising awareness of the fundamental skills and values that support healthy interaction between people in relationships is the central tenant of the Holyoake DRUMBEAT program. Social relationships are critical in a wide range of areas that allow for healthy personal development including providing the necessary support for times of emotional stress or general hardship. They are vital for our need to maintain a sense of community and belonging, for improving or maintaining self-esteem and for our sense of identity. Relationships also provide us with a context in which we develop moral judgments and social values and promote interpersonal competence (Smith-Christopher, Nangle, & Hansen, 1993). This emphasis on relationships extends directly to an individual's quality of life and the success or otherwise of any community, large or small.

A core factor in the design of the Holyoake DRUMBEAT program was finding a balance between the need for raising awareness of the key learning areas through analogy and conversation and the use of experiential processes to facilitate learning in a safe and non-shaming way. In keeping with traditional modes of learning in Aboriginal communities the major emphasis in the Holyoake DRUMBEAT program is through the experiential process – observing, trialling, experimenting (Trudgen, R. 2000). In DRUMBEAT the music created by the group serves as a direct reflection of the social bonding within the group, their teamwork and social skills.

The Holyoake DRUMBEAT program was designed to combine the therapeutic power of music with cognitive behavioural therapy to deliver social learning outcomes that assist a person to work collaboratively and cooperatively with

others and to support increased feeling of self worth. The program has four flexible components that deliver different outcomes. Core rhythms (drum songs) require focus and concentration; Rhythm games explore communication and other relationship issues; Conversations link the learning in the drum circle to participant's own life experiences, and a Performance that provides a connection to community and the recognition of achievement necessary to feelings of self worth. The facilitator moves between these components in response to the needs of the group.

Although designed primarily for use within the education system and to reach young people in schools the Holyoake DRUMBEAT program has attracted attention from other agencies where talk based interventions have been problematic. A number of mental health services have incorporated the program into their prevention and treatment programs including adolescent units, community health centre's and acute residential facilities.

### **Findings from studies of DRUMBEAT in Mental Health Settings**

Three formative evaluations have been completed that looked at the impact of the Holyoake DRUMBEAT program in mental health settings. The first of these was at an early discharge unit at Swan Mental Health Services in Midland, W.A. Clients presenting included those with a diagnosis of schizophrenia (10), bipolar affective disorder (3), and drug induced psychosis (2). Age ranged from 23 through to 57. In this trial significant difficulties were identified in maintaining regular group attendance. Client health and logistical issues were consistent barriers to regular attendance impacting on the

group's ability to bond in the usual manner (Atefi, Churchward & Faulkner, 2007).

For those that did regularly attend, the impact of the program was positive. Self reports and interviews with case managers and clinicians provided data that showed high levels of client satisfaction (100%), improved mood states (60%), increased levels of focus and commitment (60%), reductions in anxiety (80%), improved self-esteem (60%) and improved physical health (60%). Qualitative feedback noted brighter and more reactive affect, laughter, and a heightened level of participation compared to other group programs being offered at the facility (Atefi, Churchward & Faulkner, 2007).

The second study was conducted at the Psychiatric ward of Sir Charles Gardiner Hospital. This is a 36 bed acute voluntary inpatient mental health facility. Client diagnosis included major anxiety disorder, schizophrenia, major depression, borderline personality disorder and paranoid psychosis. Age ranged from 22 to 50. Several patients moved from inpatient to day patient only, during the course of the program. One client removed themselves from the program after finding the drumming agitating. Again in this study regular attendance was difficult to maintain although the inpatient setting did support more regular attendance than the Swan Mental Health trial (Featherstone, 2008).

Outcomes reported for attendees in this study were consistent with those of the Swan Mental Health trial and included unanimous endorsement of the program by those patients who participated, improvements in mental clarity,



mood, and social confidence. One participant reflected on the programs ability to quell unwanted thoughts and provide a mindfulness that reduced her anxiety. Patients also commented on an improved sense of belonging and enjoyment of the group experience. Clinicians involved with attending patients commented on increased confidence, more animated body language, and improved cognitive benefits. It was also noted that support for each other within the DRUMBEAT group extended to other environments outside these sessions (Featherstone, 2008).

The final study was conducted at a community health centre run for people with mental illness by the North Metropolitan Area Health Service. A smaller group of 6 formed for these sessions and participation was reasonably consistent. Participants in this study were people with long term mental health issues but had not had recent hospitalisation and were living in community. Diagnosis included schizophrenia, anxiety disorders, depression and bipolar. Co-morbidity within this group with illicit substance use was also high. Age range extended from early 20's to mid 40's whilst gender was evenly apportioned between males and females (Trusso, 2009).

Data returned from participants and their clinicians in this study once again supported the positive change demonstrated in the two previous studies. Improvements in confidence and self esteem were reported as were reductions in anxiety and stress. Participants reported feeling more confident around others, less self-conscious and more able to deal with personal problems since starting the program. All participants said they enjoyed the program and had learned more about human relationships. The co-facilitator

of the program also commented on participant's willingness to attend these sessions compared to other programs being run at the centre (Trusso, 2009).

## **Summary**

The Holyoake DRUMBEAT program includes a number of components that make it a useful addition to the treatment modalities of mental health services. Primary amongst these is the use of music, specifically hand drumming, to engage clients, explore relationship issues, build social confidence and increase self esteem.

*“The DRUMBEAT program addresses major emotional, social and neurological risk factors for young people (disengagement, poor social skills, emotional dysregulation, anxiety, depression, aggression, and lack of hope) and achieves this in a concrete and relevant way. In well over 10 years of experience working with young people with mental health issues I have facilitated many groups, and without a doubt this is a very solid program”.*

Melissa Sellick  
Senior Psychologist  
Mental Health Services, Mackay,  
Queensland Health Service

The DRUMBEAT program is based upon active music making and the drum is the perfect vehicle for success in this endeavour. Active music making is closely connected to a range of positive health outcomes and is a valuable recreational activity that promotes social inclusion (Hallam, 2000). The recreational hand drumming community is a growing network and in many

towns and cities across the world these musical communities welcome people from all walks of life and of all ages to join them in building community. These networks offer people who are socially isolated safe opportunities to develop new and healthy social connections.

The use of hand drumming , though effective with the vast majority of clients in the studies reviewed, may have irritant effects for some clients, particularly those with high levels of agitation due to psychosis, major anxiety disorder or bi-polar disorder. It is recommended that pre-assessment procedures are carried out prior to group formation to ascertain which individuals, if any, may be susceptible to this side effect.

The three studies of DRUMBEAT in Mental Health Settings have consistently supported positive benefits for clients involved in the program. The same benefits found in much of the research literature regarding the use of music in mental health services (Scneck, Burger, & Rowland, 2006). The major outcome from the DRUMBEAT program, not common to standard musical interventions, is the increase in understanding of the factors that support healthy human relationships, an issue particularly relevant to those with mental health conditions whose symptoms often impact negatively on their ability to form strong and enduring relationships with others (Morgan et al, 2007). DRUMBEAT also differs from other music based therapies in providing brief opportunities for the exploration of individual issues through the cognitive behavioural element of the program.

Programs such as DRUMBEAT have relevance as complimentary therapies to existing psycho-educational programs within mental health services. DRUMBEAT fully engaged clients who are notably difficult to engage in traditional talk based programs and transferred social learning as well as improvements in cognitive functioning and mood. Of the three organisations involved in these studies two have now trained staff and incorporated the DRUMBEAT program into their therapeutic practice.

Additionally DRUMBEAT has the potential to be employed as a front line preventative program or early intervention. 'Risk factors' for mental health conditions in later life are well documented (National Health & Medical Research Council, 2009) DRUMBEAT delivers outcomes that serve as 'protective factors' against future mental health issues including social inclusion and physical recreation. Targeted interventions for those individuals who face increased risk of future mental health problems with programs such as DRUMBEAT can help reduce the demands on over-stretched services working on the front line of mental health treatment.

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