

DRUMBEAT FOR VETERANS

Lisa Wood, Karen Martin, Nuala Chapple, Maddie Ford

School of Population and Global Health The University of Western Australia







Acknowledgments

This independent evaluation commissioned by Holyoake received funding from the Supporting Young Veterans grant from the Department of Veterans Affairs.

The authors gratefully acknowledge everyone involved in supporting this evaluation, including the Holyoake DRUMBEAT team and the members of the reference group that guided this pilot intervention. We would like to extend our gratitude to the participants of the DRUMBEAT for Veterans program for their involvement in this evaluation.

Suggested Citation

Wood L, Martin K, Chapple N, Ford M (2019) DRUMBEAT for Veterans, The University of Western Australia CRAWLEY Western Australia

Address for Correspondence

Associate Professor Lisa Wood

- (A) School of Population and Global Health (M431), The University of Western Australia, Crawley, WA, 6009
- (E) <u>lisa.wood@uwa.edu.au</u>

Disclaimer

The opinions in this report reflect the views of the authors and do not necessarily reflect those of Holyoake, its Board or its funding organisations. No responsibility is accepted by Holyoake, its Board or funders for the accuracy or omission of any statement, opinion, advice or information in this publication.

Copyright Statement

Copyright © 2018 by the School of Population and Global Health, The University of Western Australia.

All rights reserved.

This report or any portion thereof may not be reproduced or used in any manner whatsoever without the express written permission of the publisher except for the use of brief quotations in a publication review.

TABLE OF CONTENTS

1.	I	ntro	duction	1
	1.1		Mental Health and Wellbeing of Veterans	1
	-	1.1.1	DRUMBEAT Program	2
	-	1.1.2	Group drumming Interventions for Veterans	2
	1.2		DRUMBEAT for Veterans pilot	3
	-	1.2.1	Reference Group	3
		1.2.2	Customisation of DRUMBEAT for Veterans Program	4
2	ı	Evalı	uation of DRUMBEAT for Veterans	5
	2.1		Methods	5
	2.2		Demographics	5
	2.3		Benefits of Program	6
	2	2.3.1	Dealing With Feelings of Stress and Agitation	6
	2	2.3.2	The Short Warwick-Edinburgh Mental Wellbeing Scale	6
	2	2.3.3	Kessler 6 Psychological Distress Scale	7
	2	2.3.4	The Post Traumatic Stress Disorder Checklist for DSM-5	7
	2.4	•	Program Characteristics and Impact on Participants	8
	2	2.4.1	Drumming and Talking	8
	2	2.4.2	Benefits of being with other veterans	10
	2	2.4.3	Helping Others	12
	2	2.4.4	Benefits for Wellbeing	13
	2.5		Other Program Feedback	13
	2.6	;	Translation and Dissemination of Evaluation findings	16
3	I	Discu	ussion	17
	3.1		Barriers and Gaps in Services for Veterans Addressed by DRUMBEAT for Veterans	17
	3.2		Conclusion	19
4	I	Refe	rences	20
٨٠	200	ndiv	1. Pacruitment Poster	21

LIST OF FIGURES

Figure 2: Ac Figure 3: Mo Figure 4: Mo Figure 5: Mo Figure 6: Dr	RUMBEAT for Veterans Program Aims	6 7 8 14					
LIST OF 7	ΓABLES						
Table 2: DR	UMBEAT for Veterans Participant Demographics	6					
LIST OF	LIST OF ACRONYMS						
ADF	Australian Defence Force						
AOD	Alcohol and other drugs						
DVA	Department of Veteran Affairs						
PTSD	Post Traumatic Stress Disorder						
RSL	Returned and Services League						
ΙΙΜΑ	The University of Western Australia						

EXECUTIVE SUMMARY

"Using the drums to talk, I think it actually felt good because you were able to say some things using the drums that you couldn't verbally say... You knew what you wanted to say but you couldn't get it out, where by being able to use the drums to give that message, it was actually quite interesting."

BACKGROUND

- The mental health and wellbeing challenges faced by veterans in Australia has come under increasing scrutiny in recent years, including a national Senate Inquiry into Suicide by Veterans and Ex-service Personnel, a review by the National Mental Health Commission, and the release of a large survey of former Australian Defence Force (ADF) members in 2018.
- The need to better support veterans and their families when they transition back to civilian life has been recognized, and in 2016 the Department of Veteran Affairs (DVA) started the Supporting Younger Veterans grant program.
- Holyoake's evidence-based DRUMBEAT program was modified for delivery to veterans. The
 modified program was developed in collaboration with veterans and organisations working
 with veterans and their families.
- Holyoake commissioned UWA to complete an independent evaluation of the DRUMBEAT for Veteran's program.

METHODS

- The evaluation aimed to determine the impact of the DRUMBEAT for Veteran's program on participants' mental wellbeing and characteristics that potentially lead to its impact
- Two pilot programs were completed with a total of 10 participants (5 in each pilot program).
- Data were collected using quantitative questionnaires (n=10), and qualitative interviews (n=8).

KEY FINDINGS

- Despite a small number of participants there were positive changes pre- and post-program to:
 - Mental wellbeing score (13.3% mean increase).
 - Psychological distress score (17.3% mean decrease)
 - Post-traumatic stress symptoms score (12.7% mean decrease).
- The characteristics of the program that are likely to have contributed to the positive changes as identified by participants included the combination of drumming and group discussion, and veteran only group enabling trust, commonality of experiences and language.

CONCLUSION

- DRUMBEAT for Veterans had a positive impact on the mental wellbeing of the participants and addressed a number of recommendations identified in recent inquiries.
- Further research and evaluation with larger sample sizes is encouraged

1. Introduction

This report outlines the findings from an evaluation independent evaluation of the DRUMBEAT for Veterans pilot program conducted by the UWA research team from the School of Population and Global Health at UWA.

1.1 MENTAL HEALTH AND WELLBEING OF VETERANS

The mental health and wellbeing of ex-Australian Defence Force (ADF) personnel has been increasingly in spotlight as a neglected yet priority issue over the past three to five years, culminating in a two major national inquiries beginning in 2016 (a Senate Inquiry¹ and a National Mental Health Commission Review²).

The Australian Senate conducted an **Inquiry into Suicide by Veterans and Ex-service Personnel**. ¹ The final report, ¹ released in 2017, included recommendations to reduce suicide including the need for evidence-based veteran targeted support programs and improved access to alternative therapies. ¹ Evaluations of programs, including alternative therapies, are essential to ensure they are effective in their aims and in targeting at risk groups identified in the latest research. ¹ Young ex-ADF members as well as veterans transitioning to civilian life have been identified as vulnerable groups requiring targeted interventions. ¹ Veterans who had experienced mental health issues informed the committee that alternative therapies had been effective in improving their conditions. ¹ Such therapies included those that improve "social connection, emotional regulation, communication, and resilience, and hence improve general functioning". ¹ Recognising the need to build an evidence base for such interventions prompted a further recommendation to improve access and evaluation of alternative therapies through the expansion of grant programs. ¹

In 2016 The National Mental Health Commission conducted a *Review of the services available to veterans and members of the Australian Defence Force (ADF) in relation to the prevention of self-harm and suicide*.² The final report, released in 2017, was based on survey data, submissions, focus groups and individual interviews.² The report identified challenges for veterans as they transition into civilian life, risk factors for suicide and self-harm for recently transitioned members, as well as barriers to and gaps in current service provision for ex-ADF members and their families.²

In 2018, findings were also released from the **Mental Health and Wellbeing Transition Study**,³ the most comprehensive Australian study of the impact of military service on the mental, physical and social health of transitioned ADF members. The 2018 Mental Health Prevalence Report³ (a component of the Mental Health and Wellbeing Transition Study) presented findings from surveys of 4326 ex-ADF personnel (who left the ADF between 2010 and 2014). Of those surveyed, almost three quarters met the criteria for a mental disorder at some stage in their lifetime (either, prior to, during or after military career) and 46% were estimated to have experienced a mental disorder in the previous 12 months.³ The most common lifetime disorders were Anxiety (46%) and Alcohol Disorders (48%). A further one quarter of respondents were estimated to meet the criteria for Post-Traumatic Stress Disorder (PTSD) in their lifetime.³

With respect to challenges in transitioning to civilian life, ex-ADF participants cited a wide range of factors including the impact on families, social isolation, the complexities of dealing with DVA and other service providers, as well as alcohol and drug issues.² The loss of social connections and community due to the lack of contact with mates still serving in ADF were reported to cause a feeling

of isolation.² Significant risk factors for suicide and self-harm included the act of leaving the ADF, especially if discharge was involuntary, and the loss of identity and purpose.² Other factors that increased the risk of self-harm and suicide were exposure to trauma during military service and inadequate skills for civilian life and employment.²

The Senate Inquiry, National Mental Health commission review and the transition study all identified as a major issue, barriers to accessing mental health and support services for ex-ADF members and their families.¹⁻³ Of relevance to the design of the Drumbeat veteran's pilot project, the lack of holistic and trauma informed approaches, the importance of ex-ADF members having input into program design, and the need for more evidence based programs were all identified in the Transitions study report.²

In 2016 the Department of Veteran Affairs (DVA) instigated the Supporting Younger Veterans grant program, allocating over \$4 million over five years to support younger veterans as they transition and integrate into civilian life. A funding application to this grant schemed was successfully made by Holyoake, resulting in a 'Supporting Young Veterans' grant being received from the DVA in 2018 to adapt the DRUMBEAT program for veterans to target young and recently transitioned veterans (defined as those discharged from the ADF post 1999).

1.1.1 DRUMBEAT Program

DRUMBEAT (Discovering Relationships Using Music, Beliefs, Emotions, Attitudes and Thoughts) is a therapeutic intervention run by Holyoake that combines group drumming and discussions of the self and social relationships. DRUMBEAT incorporates themes, discussion and drumming analogies to explore topics including self-expression, communication, emotions and feelings, self-worth, problem solving, confidence and teamwork. The facilitator encourages participants to explore a range of issues by drawing analogies from what is happening in the drum circle. The program aims to improve outcomes such as; emotional regulation, self-esteem, social skills, relationships and a sense of belonging. DRUMBEAT is a 10 week program with one hour weekly sessions followed by a performance. Each program is run by two trained facilitators who lead discussions and teach drumming.

Discovering
Relationships
Using
Music
Beliefs,
Emotions,
Attitudes and
Thoughts

1.1.2 Group drumming Interventions for Veterans

While drumming initiatives with veterans have become popular particularly in the US, there has been very little published research or evaluations to date. One exception is the evaluation in Israel of a drumming intervention for soldiers with PTSD, where there was an observed a reduction in PTSD symptoms and an increased sense of openness, togetherness, belonging, sharing, closeness, connectedness and intimacy following the program. The program was reported by participants to provide a non-intimidating environment to access traumatic memories, facilitating an outlet for rage and regaining a sense of self-control.

A research team from The University of Western Australia (UWA) were asked to undertake an independent evaluation of the Holyoake Drumbeat pilot veterans project. This work builds on prior UWA evaluations of Drumbeat and its implementation with different target groups. The 2009 evaluation was conducted in 19 schools in lower socio-economic areas where DRUMBEAT was

offered, and showed improvements in self-esteem and a reduction in behavioural incidents.⁵ In 2013 Drumbeat was adapted for use with prison populations, and the UWA team evaluated the pilot conducted in seven adult prisons in WA.⁶ The evaluation reported reductions in psychological distress, increased resilience and mental wellbeing among participants when pre- and post-program outcomes were compared. In 2017, Dr Karen Martin from UWA led the evaluation in three schools of DRUMBEAT programs conducted with at risk students, finding a significant reduction in post-traumatic stress symptoms and psychological distress among participating students.⁷

1.2 DRUMBEAT FOR VETERANS PILOT

The aims of the pilot program were to:

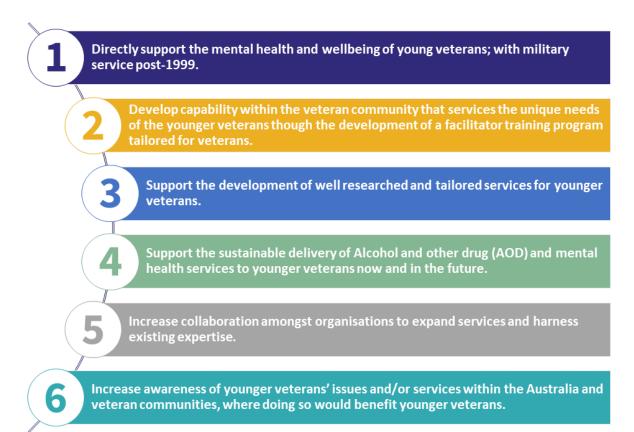


Figure 1: DRUMBEAT for Veterans Program Aims

The primary target group for the pilot program was recently transitioned ex-ADF members. This group was targeted due to recent evidence showing the higher suicide risk for this cohort. ¹⁻³ Due to difficulties in recruitment, however, the program was opened up to veterans of all ages. The 10 week program was piloted with two participant groups (the first from August to November 2018, and the second from December 2018 to March 2019).

1.2.1 Reference Group

The DRUMBEAT for Veterans program was designed and developed by a reference group comprising of relevant stakeholders. Members included; mental health professionals with experience working with veterans (ie. Soldier On), staff from ex-service organisations (i.e. local RSLs), the chief investigator of the evaluation Associate Professor Lisa Wood, a veteran and master DRUMBEAT facilitators. The reference group met on a weekly basis over 6 weeks. The reference group's role was

to plan recruitment methods, customise the Facilitator Training Manual to suit the veteran's context (see Section 1.3.1.1) and design the evaluation of the program (see Section 2).

A number of methods were employed to recruit participants for the program. Mental health professionals discussed the program with clients and provided referrals where appropriate. Posters were placed in spaces frequented by Veterans such as Returned and Services League clubs (RSLs) (see Appendix 1) and several program demonstrations were hosted at by master DRUMBEAT facilitators.

1.2.2 Customisation of DRUMBEAT for Veterans Program

Through consultation with a focus group and the reference group, both the content and delivery of the DRUMBEAT program were adapted to be responsive to the veteran context, such as the likelihood of PTSD among many veterans, and the challenges often faced in adjusting to civilian life after service. The reference group made the decision to base the new Facilitator Training Manual on the DRUMBEAT for Adult Prisoners version. Review and modifications included::

- Introduction to suggest best practise delivery in the veteran's context and considerations of working with people who may have experienced trauma.
- A psychoeducational component on trauma to be included in the first 1-2 sessions developed by Psychologists that specialise in working with veterans who have experienced trauma including those with PTSD.
- DRUMBEAT master trainers and other trainers that deliver to groups of veterans reviewed
 the drumming and other activities to remove any that may be unsuitable for use with
 veterans.
- Discussion topics and questions were reviewed and adapted to use appropriate language, military analogies and to ensure they are most relevant to the issues being experienced in the transitioning process.
- Inclusion of meditation and mindfulness techniques at the end of each session. All techniques were vetted by Psychologists and mental health professionals specialising working with people experiencing trauma, to ensure the techniques were safe to use with veterans that may be experiencing PTSD.
- Alcohol and other drugs (AOD) content was made optional to be included if groups identified problematic AOD use.



Photo 1: DRUMBEAT for Veterans drumming circle (Chief Investigators Associate Professor Lisa Wood and Nuala Chapple from UWA participating)

2 EVALUATION OF DRUMBEAT FOR VETERANS

The overall aim of the evaluation was to determine the impact of the DRUMBEAT for Veteran's program on participants' mental wellbeing and to identify characteristics of the program that potentially lead to its impact.

2.1 METHODS

The evaluation used mixed methods comprising short qualitative interviews with participants after program completion and the administration of a mental health and wellbeing and PTSD questionnaire at two time points - first session (pre) and final session (post).

The Pre and Post-program Questionnaire included questions regarding demographics, program feedback and three validated scales; the Short Warwick-Edinburgh Mental Wellbeing Scale (sWEMWBS),⁸ the Kessler Psychological Distress Scale (K6),⁹ and the PTSD Checklist for DSM-5 (PCL-5)¹⁰ to measure participants' mental health and wellbeing as well as post-traumatic stress symptoms. Short interviews between five and 10 minutes were conducted with eight program participants (four from each pilot) at the conclusion of each 10 week program. These interviews were de-identified and transcribed through the secure transcription service Pacific Transcription. Thematic analysis of the transcripts was conducted by CIC with modifications and confirmation provided by CIA and CIB.

This section describes the demographic profile of participants, and findings from the quantitative pre- and post-program questionnaires. The section also outlines themes identified from qualitative interviews and participant feedback. Note results are presented only for the 10 participants who completed the program and both a pre and post program survey.

2.2 DEMOGRAPHICS

There were seven participants who completed pre-program questionnaires for the first pilot program, and eight participants for the second pilot program. There were five participants who commenced the program but withdrew before completion – mental health struggles led to program withdrawal for several people, and this further highlights the vulnerability of veteran wellbeing. The participants who withdrew from the programs have been excluded from analysis. Overall, ten participants completed both pre- and post-program questionnaires. Of these, 80% identified as male and 20% as female. There were no Aboriginal or Torres Strait Islander participants. Participants' ages ranged from 35 to 78 years old with an average age of 51.

Table 1: DRUMBEAT for Veterans Participant Demographics (n=10)

n=10	Total		
Gender (n)			
Male	8		
Female	2		
Age (years)			
Average	51		
Range	35 - 78		

The average length of service for participants is shown in Table 2.

Table 2: DRUMBEAT for Veterans Participant ADF Service (n=10)

n=10	Total
Average Service Length (years)	14.9
Range of Service Length (years)	3 - 25

2.3 BENEFITS OF PROGRAM

2.3.1 Dealing With Feelings of Stress and Agitation

The pre-program survey included a question to elicit current activities in which participants engaged when feeling stressed or agitated. Participants could select as many as applicable including an 'other' response option. Figure 5 shows the frequency of each response option pre-program, with the highest number of participants selecting listening to music as a response option.

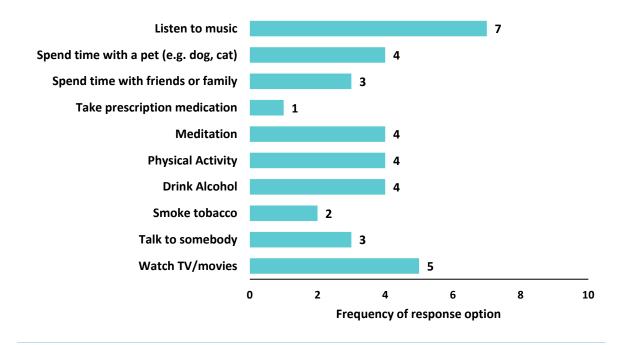


Figure 2: Activities participants engage in when feeling stressed or agitated pre-program

2.3.2 The Short Warwick-Edinburgh Mental Wellbeing Scale

The sWEMWBS is a validated measure of mental wellbeing that focuses on the positive aspects of mental health and recognizes that mental wellbeing is not merely the absence of mental illness.⁸ On the 7 item sWEMWBS scale, a higher score indicates higher mental wellbeing.⁸

Scores measured pre-program ranged from 17 to 29 with an average of 22. Post-program scores ranged from 19 to 30 with an average of 25. The sWEMBWBS scores improved for nine of the participants, with no change for one participant. Figure 2 below shows a 13.3% increase in mean sWEMWBS scores pre- and post-program. A paired t-test was performed and the difference between the means was found to be significant (n=10, p<0.05).

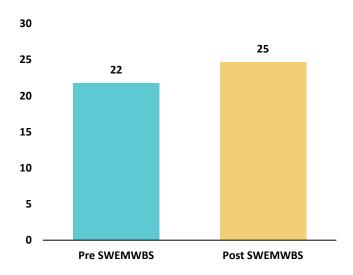


Figure 3: Mean sWEMWBS scores pre- and post-program (n=10)

2.3.3 Kessler 6 Psychological Distress Scale

The Kessler 6 (K6) is a widely used and validated 6 item measure of psychological distress, with higher scores indicating higher levels of distress, and higher likelihood of mental ill health. The K6 asks participants to indicate how often they have experienced six different emotions during the past 30 days using a 5-point Likert scale: 5 (All of the time), 4 (Most of the time), 3 (Some of the time), 2 (A little of the time), and 1 (None of the time). Figure 3 compares the mean K6 scores pre- and post-program, and shows a 17.3% decrease in the mean score. The difference between these means was found to be significant in a paired t test (n=10, p<0.05). Note a score of 19 or more is indicative of probable serious mental illness. The scores pre-program ranged from 8 to 28, and ranged from 8 to 21 post-program.

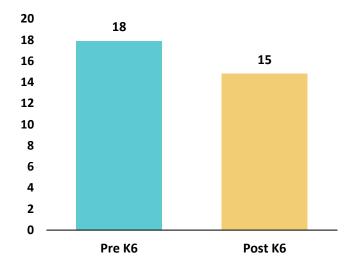


Figure 4: Mean K6 scores pre- and post-program (n=10)

2.3.4 The Post Traumatic Stress Disorder Checklist for DSM-5

PCL-5 is a 20-item self-report measure that assesses PTSD symptoms corresponding with DSM-5 criteria for PTSD.¹⁰ Figure 4 shows a 12.7% decrease in mean PCL-5 scores pre- and post-program. A paired t-test indicated the difference between these means does not have statistical significance

(n=10, p>0.05). The average decrease in PTSD symptoms was 9.9%. The scores pre-program ranged from 6 to 61, and ranged 2 to 55 post-program.

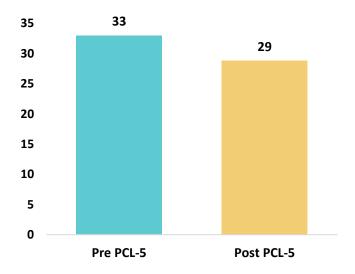


Figure 5: Mean PCL-5 scores pre- and post-program (n=10)

2.4 PROGRAM CHARACTERISTICS AND IMPACT ON PARTICIPANTS

Short semi structured interviews were conducted with eight participants at the conclusion of the pilot program. Thematic analysis of the interview transcripts identified key aspects of the program that appeared to facilitate participant engagement and contributed to mental health and wellbeing outcomes. These are discussed below.

2.4.1 Drumming and Talking

As shown in previous UWA evaluations of the DRUMBEAT program, the drums themselves and the drumming activities were noted to be a powerful device for encouraging people to participate and relate to others. It is often difficult for people, especially those with experiences of trauma, to express their feelings with words. Moreover as noted by many of the participants, there is a perceived stigma whilst in ADF service around expressing thoughts and feelings. The drumming circle was reported to be a safe space, and participants could express themselves through the drums.

Using the drums to talk, I think it actually felt good because you were able to say some things using the drums that you couldn't verbally say or couldn't get from here to here. You knew what you wanted to say but you couldn't get it out, where by being able to use the drums to give that message, it was actually quite interesting. Then towards the last two sessions when we were doing it, we were picking up from each other each other's moods simply by what we were playing on the drum... and we talked about it. It actually brought a few of the guys who were quite ... closed - actually brought them out more. The drumming is brilliant – DRUMBEAT participant

It's a way of bringing you back, the beat. It focuses you on stuff and it takes you away from - I suppose rather than being just someone out there talking to you or lecturing you, you break it up with this and so you flow in and out and it sort of relaxes you... So through it you can break it up so it's not like someone, you know, how are you going,

or like a psych thing [psychology/psychiatry appointment] where you go in there, you're sitting in the room. It's not as confrontational, I suppose. The atmosphere in there is very - it becomes relaxed – **DRUMBEAT participant**

The rhythmic beat of a drum was seen to resonate particularly with people of military background, as reflected in the quote below:

Everything we do in the military is by the drum. We go into battle by the drum, we train by the drum, by the left, as soon as you march onto a parade ground it's six beats, bang, bang, boom, boom, boom, by the left and you're off. There's the bass drum that hits the base as your left foot... The drum is so integral to training that I think to un-train you need to use the same type of training. – **DRUMBEAT participant**



Photo 2: CI Nuala Chapple participating in DRUMBEAT for Veterans drumming circle

2.4.1.1 Addressing Stigma of Mental Health

A major issue identified in the Senate inquiry and National Mental Health Commission review into veteran mental health (refs) pertained to the perceptions and experiences of stigma around mental health issues that exists within the ADF and veteran community. There is a shared wariness about disclosing mental health issues when in the ADF, not only because of the culture and stigma, but also because it can impact on deployment options and one's career trajectory.² Unfortunately, as reflected in the following quote, this has flow on repercussions when people transition to civilian life.

one of the big things is veterans are very, very sceptical of shrinks. To put it very bluntly, we don't trust them because well, serving, you didn't go and see them, because if you went and saw them it was a black mark on your record and you often didn't get postings, promotions or anything like that. They're very distrusting of people in the psychological world – **DRUMBEAT participant**

One of the benefits of the DRUMBEAT program noted by participants was that people did feel they could discuss mental health and adjustment issues in a safe space, and with people who 'get it' and

understand. Hearing others talk about their challenges helped counter some of the previously experienced stigma, and as the weeks went on, the participants themselves noted that people increasingly felt safe to open up about issues and experiences.

From the moment it started it was really good. Watching men from my era open up is - yeah, especially those of rank, like RSM [Regimental Sergeant Major] and things like [warrant] officers, they just don't talk. So I'm watching them slowly open up. Yet, it was only the first session. – **DRUMBEAT participant**

But the one thing that we were all taught in my era at the military in particular was that you don't bring your civilian problems to work. So that's it. You don't talk about your [family]. Being a female in a male environment, we don't talk... So that was another thing. So when it started and then they asked specific questions and you answered them, and then we started seeing that there was a familiarity with what were the issues and the problems, and that mine wasn't dismissive and you weren't laughed at or tiffed at. – **DRUMBEAT participant**

I was pretty quiet for the first few, but you then you get to know the blokes over the ten weeks. They've all come out with stuff, I've come out with stuff that I haven't told anyone else. – DRUMBEAT participant

2.4.2 Benefits of being with other veterans

A major theme across participant interviews was the value of it being a "veterans only" program. All eight of the participants interviewed mentioned this as a key factor for the program's success. A number of sub-themes emerged relating to this.

2.4.2.1 Commonality of Experiences

Many of the participants felt the shared experiences of military service and the challenges of transitioning to civilian life enabled them to feel comfortable opening up in the group.

We've got the camaraderie, the background, you know the people have the same feelings as you past or present, it was quite easy to relate. – **DRUMBEAT participant**

So because we are like-minded people in the room, shared experiences, you can let you guard down fairly quickly in there because of the people in there and how you feel about them, everyone offers up something, so you don't feel on your own. – **DRUMBEAT participant**

Although participants had served in different branches of the ADF (including army, airforce), and there were many differences in length of military careers and years in which they served, the participants had a shared connection relating to similar challenges and experiences both within the ADF and in post-service life as a veteran.

there's a certain degree of commonality and themes, even though a lot of us have served at different times and different corps and even different services. It's nice to just make that connection I think as well. – **DRUMBEAT participant**

So I think something like this and with people who have had similar experiences or understanding because they're veterans themselves has been very beneficial and a safe place, I would say, because there's mutual understanding between - I'm the only

RAAF-y here, they're all Army people. But there's still that mutual understanding that we did things that normal civilians don't understand. – **DRUMBEAT participant**

Not 'having to explain yourself' and having people understand and emphasise what you went through while in the ADF was also a recurring positive theme noted by participants.

They just get it ... If someone [wants to say] something they [don't] have to have a big explanation. Just go I get that and I get that now, or they can explain something in Army lingo or how they've adapted their life coming into this civilian environment and use a few words in there I get that. I get that. – **DRUMBEAT participant**

The other one is well; how would they [civilians] know what we're going through because they've never done our jobs. – **DRUMBEAT participant**

You can see from a lot of the guys in the group and girls that a lot of the frustration is that sometimes you're expressing these concerns to family or some people that maybe have not shared the same thing. [it's like how] Firefighters are sometimes a bit more comfortable talking with other firefighters. It's not that people don't care; it's just sometimes if you haven't quite seen their perspective it's a bit hard to relate or provide decent feedback. – DRUMBEAT participant

Relatedly, many of the participants felt that being able to communicate with a shared "lingo" and military language meant that they could express themselves in a manner that is a barrier when they try to convey things to civilians. As shown in the second quote below, this shared language was more than just words and vocabulary, but also reflected the unique culture that evolves in military service.

because it was a safe environment, we could all talk the same lingo; makes a big difference. – **DRUMBEAT participant**

All veterans, fantastic. You put somebody that is not a veteran and you're going to have problems because you don't understand where we've been, what we've done, how we feel and everything else that we've been through. They don't understand properly, where we use dark humour, very dark humour - well, being cynical is probably the best word for it. A lot of people would go ooh, that's a bit - you know, you can't go there and it's like why not? We're used to it. - DRUMBEAT participant

2.4.2.2 Trust

Participants spoke of the bonds of trust that comes naturally to those with shared experiences of military life. The comradery and mutual feeling that they have "got each other's back" is an essential part of ADF service, and often something that veterans can miss when they enter back into civilian life. This trust contributed to the notion of a safe space, where participants felt they could open up and know they would be supported.

As veterans we trust each other. You don't have to say a word but you know you can trust each other. If you had it [this DRUMBEAT group] with any other group of people you wouldn't have that trust. – **DRUMBEAT participant**

Not knowing anyone else in the group you can feel that you are a fish out of water, but the beauty of it was we were all in the same situation. Even without knowing each other, you felt more at ease, if that makes sense, because you were around likeminded people, particularly all veterans. Whereas if that was held with civilians, no way in hell.

- DRUMBEAT participant

One participant commented on the understanding nature of the group even though their experiences were sometimes quite individual.

because they're veterans and different things affect different in different ways, it's a very understanding group. – **DRUMBEAT participant**

2.4.2.3 Social Connections

As identified in the literature relating to veterans, a major adjustment challenge can be the loss of the 'sense of community' and mateship that occurs when leave the military. Social isolation was an issue identified by a number of participants.

I live by myself so it gets me out of the house. - DRUMBEAT participant

One, it was a safe area for us and that's a big one for veterans. You find a lot of [veterans that]... They won't go out and things like that. I know it took me a long time to start leaving the house again. – **DRUMBEAT participant**

The fact that the DRUMBEAT program provided a source of social contact with like-mind people was noted a positive by many participants. In all of the interviews, participants mentioned unprompted that they wished the program could continue past the 10 weeks due to the social aspect of the program.

I think it was good for that and it was also good from a social perspective... You tend to lose contact with a lot of your ex-service mates. I mean I keep in touch a little bit with Facebook, but it was quite nice to just catch up with a bunch of likeminded crew as well. I like that aspect as well. – **DRUMBEAT participant**

That's been fun, actually having the camaraderie that's back in there. You do miss it once you're out and it's fun to be catching up. – **DRUMBEAT participant**

I mean I approached it probably more from a social perspective but there were some really good things with it for me with probably just being a bit more mindful about how I communicate with other, appropriate tone, making a personal connection, active listening and a lot of it's - it's not that you don't know, but it's sometimes nice as a bit of a reminder as well to - you do need to make an effort to develop and maintain relationships and how you do so. – DRUMBEAT participant

2.4.3 Helping Others

The opportunity for participants to become facilitators was identified by the reference group as particularly pertinent to veterans, as they often value the opportunity and task of helping others. It was therefore built into the promotion of the pilot program that participation would include the opportunity for participants to go on to train as DRUMBEAT facilitators and assist other veterans in the future.

Ten people participated in the DRUMBEAT for Veterans two day Facilitator Training Program, including four veterans who had completed the DRUMBEAT for Veterans program.



Photo 3: DRUMBEAT for Veterans Facilitator Training Program

As noted by one participant:

I also mentioned I like to help people out and stuff, because there was maybe ideas when I got more healthy, maybe being able to run or facilitate a group in the future, which sort of lends itself to me in a big way. – **DRUMBEAT participant**

2.4.4 Benefits for Wellbeing

The DRUMBEAT program aims to provide skills for the participants to implement in their day to day life to assist with a number of areas such as relationships, emotions and attitudes. One participant commented in their interview how the program assisted him with responding to relationship challenges within his life as shown in the quote below.

Then go away [from DRUMBEAT] and look at how you might - or how I approach healthy relationships or how I create boundaries or things that no longer serve me in my life, and am I really just hanging on because I'm this dedicated ex-soldier that just can't let go and needs to keep pushing forward... I look back and go look this doesn't suit me - DRUMBEAT participant

2.5 OTHER PROGRAM FEEDBACK

The post-program questionnaire included 10 questions relating to participant's experience during the program as well as their perceptions of the impact of DRUMBEAT beyond the program itself. Figure 6 and 7 illustrate the breakdown of responses for these questions.

In summary, all participants agreed that; 1) their drumming skills helped them feel good about themselves, 2) they felt part of a team while participating, 3) their input was encouraged during sessions, and 4) they would recommend DRUMBEAT to others. Furthermore, eight of the ten

participants agreed or strongly agreed that they now had a better understanding of the skills needed to have good relationships with others following the program, and that DRUMBEAT had assisted with improving their relationships with others.

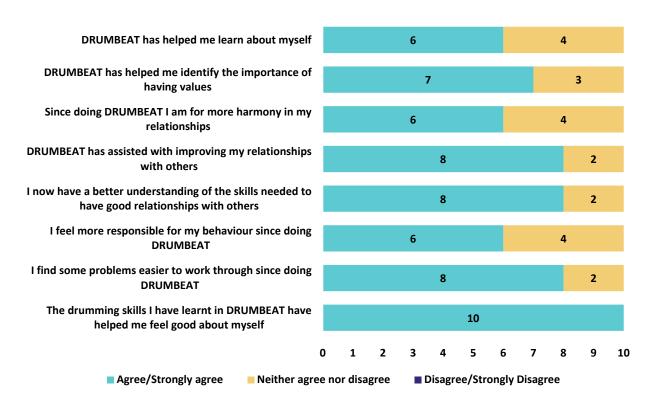


Figure 6: Individual benefits of DRUMBEAT

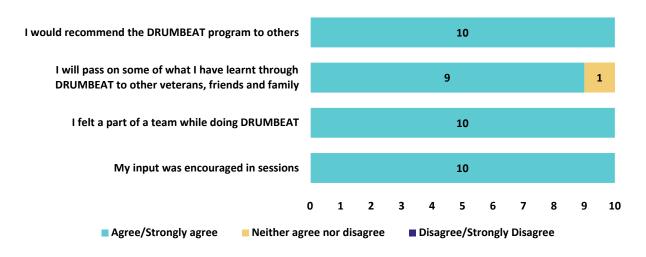


Figure 7: DRUMBEAT program feedback

Two questions in the questionnaire provided the opportunity for participants to provide any other comments (free text response). As it was a pilot project, feedback about improving the program for the future was encouraged. Feedback received has been summarised in Table 3 (please note this was not compulsory and thus not all participants provided responses).

Table 3: Questionnaire Free Text Reponses

Any other comments you have about DRUMBEAT:

To just suggest to others to give it a go

I believe the course needs to be started at recruit stage - e.g Kapooka, Edinburgh to become a training skill for stress and anxiety

Defence members running workshops as defence will trust defence more than civilians.

Would like a continuous meeting say every Monday for those who have completed the programme to become a constant social and supportive network for daily life.

Fun

Variety

Value.

Do it!

When you are unable to play the rhythm, returning to the base to stay connected to the group helps to stay as part of the team

Being in a group of people who 'get it' means I don't have to over explain things

I found drumbeat to be an enjoyable social activity. It was nice to meet and connect with other ex-service personnel.

The 3 main things that DRUMBEAT has helped me with are:

- 1. To concentrate more on the good things in my life.
- 2. Music is a feeling of understanding and how to switch to the beat when really stressed.
- 3. To focus on what is around me not what is out to get me.
- 1. Fantastic program.
- 2. Would love to continue attending and really want to become a facilitator.
- 3. [The facilitator] was brilliant
- 1. Listening
- 2. Breathing
- 3. Talking in a group

Program feedback was also elicited in the participant interviews. The ability of the program to be altered from session to session depending on the mood and needs of the group was noted as a positive aspect.

They've given us a lot of time to talk. We've had some sessions where we've done more drumming and some where we have done a lot of talking and a lot of drumming so it's been well balanced. – **DRUMBEAT participant**

Every participant mentioned their desire to continue the program beyond the 10 weeks. This presents a unique issue for DRUMBEAT with the program being designed to work through specific

modules and it not being developed or conducted as an ongoing program. This finding demonstrates how valuable the participants perceived the program.

It was too short for our liking, we don't want it to stop. - DRUMBEAT participant

I would love to continue doing this, knowing that the program has finished it's like what do we do now. To have it finished now after 10 weeks, what happens then? – **DRUMBEAT participant**

I would love to continue doing this and I think a lot of the guys in there probably feel the same way, that now it's finished, the program, what do we do next, where do we go next? - **DRUMBEAT participant**

2.6 Translation and Dissemination of Evaluation findings

The UWA research team has a strong commitment to research being timely and relevant to the real world, hence there were opportunities to share some of the emerging findings prior to completion of the final report. These are outlined below:

- After the first pilot Holyoake produced a number of videos promoting the program featuring testimonials from participants. Associate Professor Lisa Wood was featured in one of the videos and shared preliminary findings from the evaluation. These videos were disseminated using social media and can be found on the <u>Holyoake website</u>.
- The UWA team promoted the program and evaluation through twitter.
- CIs Nuala Chapple and Assistant Professor Karen Martin were invited to present on the
 Drumbeat veterans pilot at the Mental Health Professional Network quarterly meeting in
 March 2019. This meeting was attended by mental health professionals who work with
 Veterans, including DVA employees who expressed interest in referring clients for future
 programs.
- In response to a request to Holyoake from Channel 9 to do a story on the DRUMBEAT veterans program to coincide with ANZAC Day (2019), the UWA team produced some topline results for the DRUMBEAT team that could be shared with Channel 9 for this story (follow this link to see the report).



Photo 4: DRUMBEAT for Veterans session (joined by Associate Professor Lisa Wood from UWA)

3 DISCUSSION

Holyoakes' DRUMBEAT for Veterans pilot program involved the adaptation of the evidence-based DRUMBEAT program to support the mental health and wellbeing of veterans. This evaluation report examined the impact of the DRUMBEAT for Veteran's program on participants' mental wellbeing and characteristics of the program that potentially lead to its impact.

While the number of participants in the pilot program were small (18 commencing and 10 people completing the program and the post program survey) and hence findings are not necessarily generalisable, both the quantitative and qualitative findings identified tangible benefits for participants. Moreover, feedback from participants and facilitators confirmed that the program fills a void in the current suite of options available to people who have transitioned out of the military in Australia.

Many of the struggles of adjusting to civilian life of the participating veterans in this pilot mirrored issues identified in the recent Mental Health and Wellbeing Transition Study³ of Australian veterans, and findings from the National Mental Health Commission² and Senate Inquiry¹ into suicide and self-harm.

Although only a 10 week program, there were significant changes observed in the measures of positive mental wellbeing, psychological distress and PTSD symptoms. Specifically, at program completion, on average participants experienced improvements in mental wellbeing and decreases in psychological distress and PTSD symptoms. Other benefits of the program identified by participants at its conclusion included relationship skills, emotional regulation, and feeling good about themselves.

Characteristics and mechanisms of the program that contributed to these improvements were identified through qualitative interviews. This included the opportunity to be with other veterans where you 'don't have to explain yourself', the safe culture for sharing about mental health and other challenges, the absence of stigma, and the power of the drumming as a way of express moods and feelings without words. Many participants' identified having a program that only included veterans was a major success factor that contributed to DRUMBEAT's impact. Their shared experiences made them more at ease during the group discussions, and there was an inherent trust due to the mateship and comradery that exists when serving in the military. The social aspect of the program was also noted as a benefit as isolation and loneliness has been identified as a major issue for veterans when they transition to civilian life.¹²

3.1 BARRIERS AND GAPS IN SERVICES FOR VETERANS ADDRESSED BY DRUMBEAT FOR VETERANS

This pilot was funded by the Supporting Young Veterans grant program, which is part of the Governments response to heightened concerns about the mental wellbeing of veterans and the need to better support their transitions into civilian life. Thus the evaluation team looked at some of the ways in which the DRUMBEAT for Veterans program addressed some of the barriers, gaps and recommendations of the National Mental Health Commission Review² and the Senate Inquiry¹ into veteran suicide and self-harm.

Need to counter the attitudes and culture of the ADF and ex-ADF communities around mental health issues that reinforce stigma, preventing members and ex-members seeking assistance when required.²

The stigma around mental health and its disclosure was evident in the experiences shared by participants, and by members of the reference group who work with the veteran community. The evaluation findings indicate that the DRUMBEAT program helped to break down some of the inhibitions to sharing, and in some instances, participants recounted sharsing things they had not previously told anyone. Having the program run over a couple of months was beneficial as it took time for some participants to open us about their experiences, emotions and challenges, both those relating to past military experiences as well as struggles relating to the transitioning back to civilian life. The drumming circle physically and metaphorically provides a safe environment for participants, and this was contrasted by some to the experience of visiting overt mental health services. Furthermore, the drumming provided a vehicle for exploring and discussing issues in a non-confronting way, as has been identified in previous DRUMBEAT evaluations.

2. Lack of information and awareness about services available to ex-ADF members.

The recruitment phase of the pilot was not without its challenges, and this highlighted the complexities of trying to reach veterans who may not be engaged in traditional veteran forums. The Holyoake team and reference group were proactive in disseminating information about the pilot to a range of organisations and settings, and 'word of mouth' promotion by some of the veterans who attended taster sessions proved valuable. Being able to promote the program to veterans prior to exiting the ADF, or as part of the transitional program implemented by the ADF would be beneficial in the future.

3. Lack of alternative approaches

The DRUMBEAT veteran pilot responded to the Senate Inquiry's call for alternative and more holistic approaches that work with ex-ADF members to improve their social connections, emotional regulation and communication skills.¹ The DRUMBEAT program targets self-expression, communication, emotions and feelings, self-worth, problem solving, confidence and teamwork rather than having a sole focus on mental and physical health. The program considers the person as a whole, aiming to improve all aspects of life, assisting participants to achieve their full potential. There is flexibility within the program to allow each session to be tailored to the group, putting the needs and experiences of the participants at the centre of the program.

4. Lack of trauma informed practice

Holyoake and the reference group were very conscious from the outset of the imperative for all aspects of the program to be trauma informed. The DRUMBEAT program was specifically designed to avoid triggering re-traumatisation, taking into account the set-up of the room, the words used, the types of activities included, and the supports put in place if a participant did become upset. A couple of the participants who did not complete the program were struggling with complex issues, and there was no pressure for them to continue, and effort was made to ensure that they had support networks in place.

5. Involve veterans in the design and implementation of services.

The idea for the DRUMBEAT for Veterans program came from a veteran who was passionate about helping fellow veterans through providing a holistic, evidence based intervention. He had lived experience of the challenges associated with transitioning to civilian life, mental health issues and problematic AOD use. His inclusion in the reference group ensured the perspectives of veterans influenced the program design, recruitment and implementation. He also participated in the first pilot program and this evaluation. Other veterans provided feedback via the taster sessions and at the conclusion of the first pilot round.

6. Need to improve quality of services through evaluation and evidence based approaches.

Holyoake has always had a commitment to evaluation to ensure best practice and evidence base approaches. The embedding of evaluation and research into this pilot, and the involvement of the research team from the outset was invaluable. This ensured that the questionnaire items, the way it was administered, and the discussion themes for interviews were all developed with input from veterans and those working with them. Published validated instruments were used to measure program outcomes, and these measures had also been previously used in DRUMBEAT evaluations undertaken by UWA.

3.2 CONCLUSION

This evaluation of DRUMBEAT for Veterans suggest the program has a positive impact on psychological distress, post-traumatic stress symptoms and mental wellbeing. The likely mechanisms that have been identified through qualitative finding are the drumming, talking and group processes, and the interaction between these aspects. Furthermore, the evaluation has shown the importance of keeping the program "Veterans only" due to the shared experiences, challenges, attitudes, language and mutual unstated trust between the participants.

DRUMBEAT for Veterans ability to address these barriers, gaps and recommendations demonstrates Holyoake's commitment to providing evidence based interventions, and the importance of reference groups containing vast, diverse experiences in both services provision and the experiences of Veterans.

4 REFERENCES

- 1. Department of Foreign Affairs, Defence and Trade Reference Committee. The Constant Battle: Suicide by Veterans. Canberra; 2017 [cited 29 May 2019]. Available from: https://www.aph.gov.au/Parliamentary Business/Committees/Senate/Foreign Affairs Defence and Trade/VeteranSuicide/Report
- 2. National Mental Health Commission. Review into the Suicide and Self-Harm Prevention Services Available to current and former serving ADF members and their families. Sydney; 2017.
- 3. Van Hooff M, Lawrence-Wood E, Hodson S, Sadler N, Benassi H, Hansen C, et al. Mental Health and Wellbeing Transition Study mental health prevalence. Canberra: Department of Defence and Department of Veterans' Affairs; 2018.
- 4. Bensimon M, Amir D, Wolf Y. Drumming through trauma: Music therapy with post-traumatic soldiers. The Arts in Psychotherapy. 2008;35(1):34-48.
- 5. Ivery P, Wood L, Rosenberg M, Donovan R. An Evaluation of a Therapeutic Intervention using Music "DRUMBEAT" Discovering Relationships Using Music -Beliefs, Emotions, Attitudes, & Thoughts with Alienated Youth. Perth, Western Australia; 2009.
- 6. Martin K, Wood L, Tasker J, Coletsis C. The Impact of Holyoake's DRUMBEAT Program on Prisoner Wellbeing in Western Australian Prisons. Perth, Western Australia; 2014.
- 7. Martin KE, Wood LJ. Drumming to a New Beat: A Group Therapeutic Drumming and Talking Intervention to Improve Mental Health and Behaviour of Disadvantaged Adolescent Boys. Children Australia. 2017;42(4):268-276.
- 8. Tennant R, Hiller L, Fishwick R, Platt S, Joseph S, Weich S, et al. The Warwick-Edinburgh Mental Well-being Scale (WEMWBS): development and UK validation. Health and Quality of Life Outcomes [journal article]. 2007 November 27;5(1):63.
- 9. Kessler RC, Barker PR, Colpe LJ, Epstein JF, Gfroerer JC, Hiripi E, et al. Screening for serious mental illness in the general population. Archives of general psychiatry. 2003;60(2):184-189.
- 10. Blevins CA, Weathers FW, Davis MT, Witte TK, Domino JL. The Posttraumatic Stress Disorder Checklist for DSM-5 (PCL-5): Development and Initial Psychometric Evaluation. Journal of Traumatic Stress. 2015;28(6):489-498.
- 11. Australian Bureau of Statistics. Information Paper: Use of the Kessler Psychological Distress Scale in ABS Health Surveys, Australia, 2007-08 2012.
- 12. Gardner I, Brooke E, Ozanne E, Kendig H. Improving Social Networks, a Research Report: Improving Health and Social Isolation in the Australian Veteran Communit. Melbourne, Victoria; 1999.

DRUMBEAT for VETERANS

Developed with veterans for veterans

- Gain some tools for stress management and transition challenges
- Help your mates
- Connect with other veterans
- Learn hand drumming and have fun!
- Drums provided

Open to veterans of all ages

PILOT PROGRAM

Come along - bring a mate!

FREE 10 WEEK PROGRAM

Thursday evenings

Starts: 6th December 2019

Time: 17:30-19:00 Location: Warnbro

Community & Family Centre: 1 Moreton Cres Warnbro WA

You are welcome to just turn up to the first session!

Contact Renee Hine to reserve your place or get more information

T: 9416 4444

E: rhine@holyoake.org.au

VETERANS' DRUMMING GROUP

