INPLASY PROTOCOL

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None declared.

Effectiveness of Drama-Based Interventions in Improving Mental Health and Well-being: A Systematic Review and Meta-Analysis of the Literature Published during the COVID-19 Pandemic and Post-Pandemic Period

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Review question / Objective: **The objective of this review is to analyze the effectiveness of drama-based intervention in improving the mental health and well-being of various populations during the period of COVID-19 and the post-pandemic.**
Condition being studied: **Drama-based intervention is a creative form of psychotherapy that contributes to the systematic and intentional use of drama/theatre techniques to promote psychological growth and transformation. As a treatment option, drama appears to support individuals, groups, and families in hospitals, clinics, care homes, and community centers to improve communication and challenge negative views. Drama-based intervention is presented as an option to address depressive symptoms for a variety of populations. Previous outcomes highlight the primacy of psychodrama, role play, playback theatre, and self-image approaches to help clients to express and tolerate depression emotions. In the context of healing trauma-related issues, drama therapy inventions have been shown to improve the process of recovery by helping clients develop self-concept, and confidence and building the role of aesthetics and safety.**

INPLASY registration number: This protocol was registered with the International Platform of Registered Systematic Review and Meta-Analysis Protocols (INPLASY) on 08 December 2022 and was last updated on 08 December 2022 (registration number INPLASY2022120030).

INTRODUCTION

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METHODS

Participant or population: Clinical and general populations who are in need of mental health care.

Intervention: Drama-based intervention.

Comparator: Compared with non-intervention control groups or routine care groups.

Study designs to be included: The PICO (population, intervention, comparison, outcomes) framework has been applied for the determine of the scope in the research process. Quality assessment and Cochrane Collaboration's Risk of Bias tool were performed according to the study type. Standardised mean difference (SMD) values and the corresponding 95% confidence intervals (CI) were computed using a random effect model.

Eligibility criteria: Inclusion criteria: (1) patients in need of improvement of mental health and well-being; (2) experimental group with drama-based intervention; (3) control group with no treatment or routine care; (4) outcome indicators including quality of life, psychological well-being, depression, anxiety, trauma-related disorder, cognitive behaviour, communication skill and self-regard; (5) studies with controlled group and uncontrolled group with pre/posttest that reported the effect of intervention.

Information sources: A structured search with the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) statement was conducted. PubMed, Cochrane, Web of Science, and ScienceDirect were used to search for potential studies.

Main outcome(s): The primary outcome was measured by the collection of quality of life, psychological well-being, depression, anxiety, trauma-related disorder, cognitive behavior, communication skill, and self-regard scales.

Quality assessment / Risk of bias analysis: The risk of bias in the included studies was assessed by utilizing a quality tool validated by The Cochrane Collaboration®. Trials were rated as three levels for bias: high risk, moderate risk, and low risk. The seven domains were considered: (1) random sequence generation, (2) allocation concealment, (3) blinding of the participants and personnel, (4) blinding of outcome assessment, (5) incomplete outcome data, (6) selective reporting, and (7) other sources of bias (the conflict of interests or funding sources). Intervention studies involving humans that require ethical approval must list the authority that provided approval and the corresponding ethical approval code.

Strategy of data synthesis: The primary outcome was the effect size after the intervention of drama therapy or practice for the experimental-control group and pre and post-test. Review Manager (RevMan) version 5.4 was utilized to figure out a meta-analysis of the effects of the outcomes. All outcome data included in this meta-analysis were continuous data and were reported as means with standard deviation (SD). standardized mean differences (SMD) with 95% confidence intervals (CI) were utilized to figure out a

meta-analysis. A random effects model was chosen since there were pooled effect sizes. A p-value less than 0.05 was considered statistically significant. The I2 and chi-square tests were used to measure heterogeneity. The interpretation of the effect size based on Cohen's guidelines is as follows: effect size = 0.2 is considered a 'small' effect size, 0.5 represents a 'medium' effect size, and 0.8 a 'large' effect size.

Subgroup analysis: The subgroup analyses will be implemented according to age, gender, frequency, and duration if there are enough supporting kinds of literature.

Sensitivity analysis: The exclusion method will be carried out for the sensitivity analysis. All studies will be excluded one by one, and the remaining studies will be reanalyzed to determine the stability of the results. If there is no significant difference between the two results, the sensitivity is low and the results are credible. Otherwise, the sensitivity is high and the results are unstable.

Country(ies) involved: Malaysia.

Keywords: systematic review; meta-analysis; drama-based intervention; mental health; well-being; COVID-19.

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