



*(Be)leef in de wijk*

# National Research project (Be)Leef in de wijk

Believe in community // live/ experience in community

# Background

1. (Mental) Health care is changing from institute towards community
2. Also for people with MID
3. Searching for best care for people with MID (Mental health/ ID care → FACT, community teams, etc.)
4. Reduce clinical treatment and re-admission, where possible

## *Arts therapists*

*“We see good results of therapy for people with MID. How they can go with this flow of change and be part of community treatment teams?”*



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# Research project - (Be)Leef in de wijk

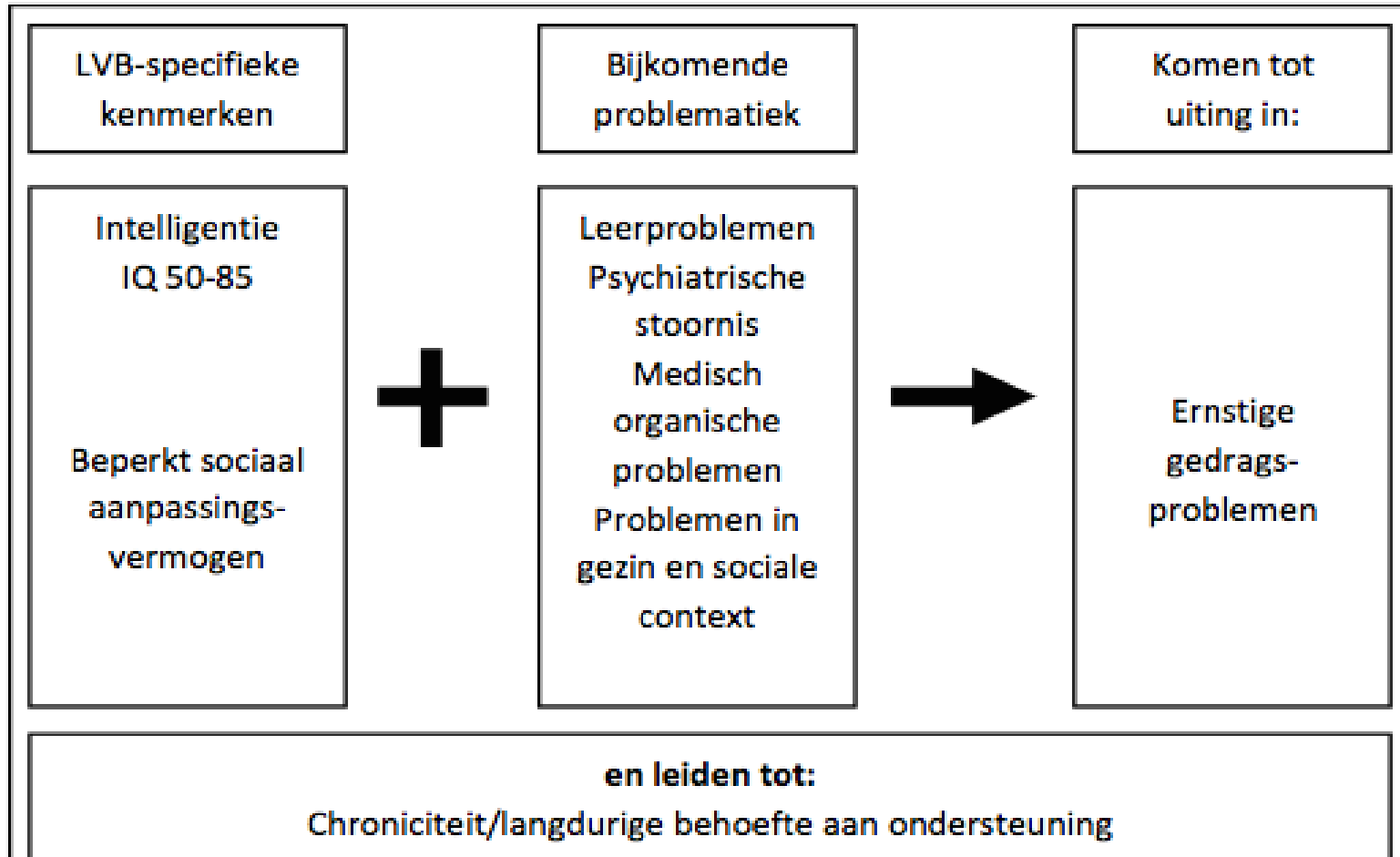
- Research project with several national partners
- 2 years. started 1-1-2015
- Project structure;
  - Project group: teachers, researchers, students
  - Steering board: managers,
  - Scientific advisory board

- Targetgroup:
  - Art therapists working with people with mild intellectual disabilities (MID)



# People with Mild ID

Characteristics, associated problems and consequences



stress

# People with mild ID

- four times more likely to develop psychopathology (Dekker et al. 2006)
- More stress experience
- 55.000 of Dutch population has an IQ of 55-70 (Ras et al. 201)
- 1.3 million of Dutch population has an IQ 70-85 (Ras et.al., 2010)
- 40% of repeat offenders has MID (IJzelendoorn, 2012)



# Arts therapy and People with MID

- Arts therapy are consistent with 'healthy side'
- Provides a direct appeal to the experience
- Cognitive disabilities -> increases stress experience
- Arts therapy reduces stress
- Indication areas art therapy: emotion regulation, stress regulation, aggression regulation.
- Focus on doing

Gericht op "doen" lijkt het juist bij mensen met een LVB mogelijk om gedrags- en/of psychiatrische problemen te verminderen, als aanvulling op de zorg en ondersteuning van andere professionals



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# Research questions

1. Which therapeutic principles, which seems to be meaningful for people with MID, can be deployed into the home environment of people with MID
2. How can a referral / treatment route, based on these principles, be developed in and around (treatment) teams in community?
3. What is the effect of the use of the referral route?



# Expected results

- Overview of indications for arts therapies and interventions especially for people with MID (in community)
- Community based referral route for arts therapy
  - When?
  - Which?
  - How?
  - Which conditions?
  - .....





# Method

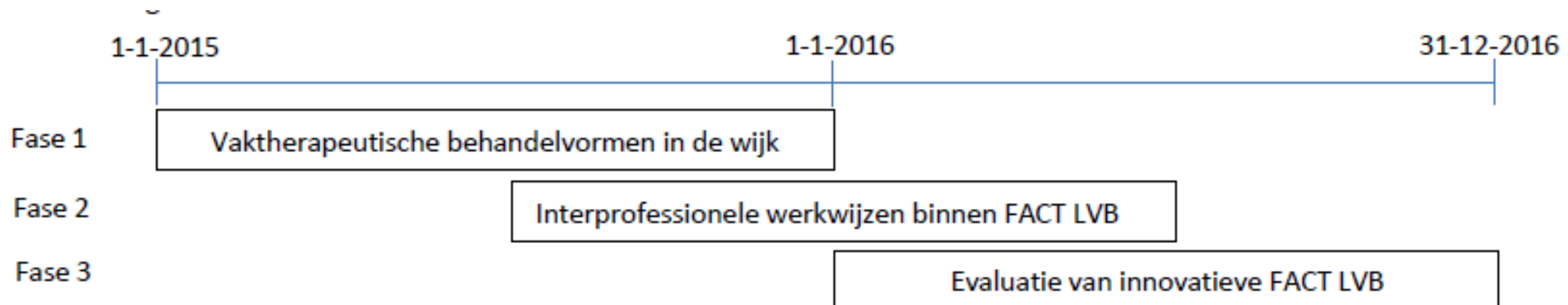


3 fases

**Fase 1:** art therapy treatment for people with MID

**Fase 2:** interdisciplinary strategies in community

**Fase 3:** Evaluation



# Fase 1



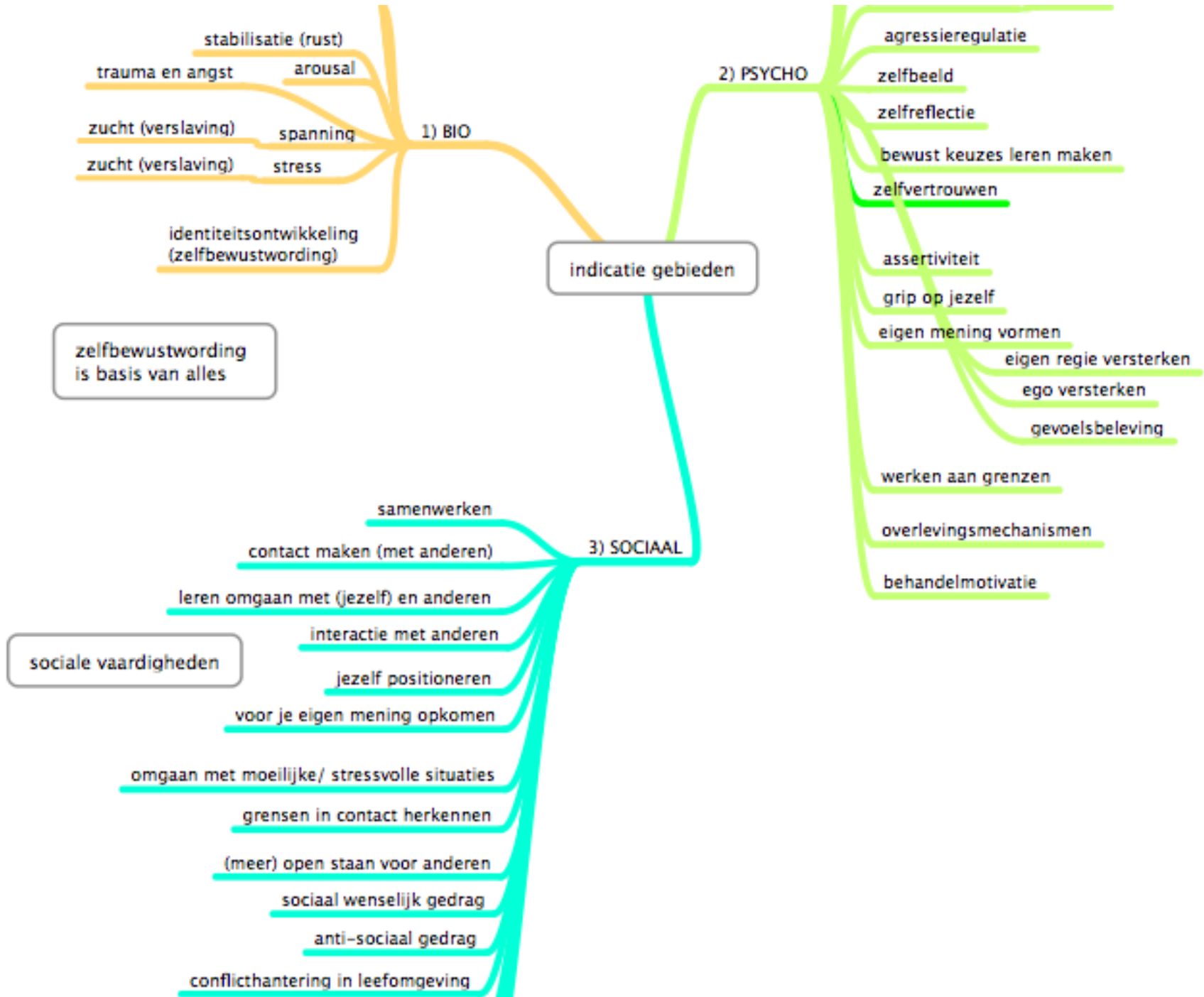
## Aim:

To gain insight into therapeutic principles and interventions, which are meaningful for people with MID:

- Focus groups with arts therapists (3 organisations/ different therapists):

Main question:

- *Which indication domains especially for arts therapy and people with MID*
- *Which therapeutic principles en interventions seems to be meaningful for people with MID*
- *and can be deployed into the home environment of people with MID*



# Fase 2 & 3

## Fase 2

### Aim:

To develop a referral route for treatment in community

### Method:

- Interviews with several professionals
  - When indicate arts therapy?
  - What conditions are needed?
- Develop treatment route

## Fase 3

### Aim:

To evaluate the use of the route

### Method:

- Implement the route in (FACT) teams
- Indicate and apply therapy
- Interviews

