

Individual Placement and Support in Germany

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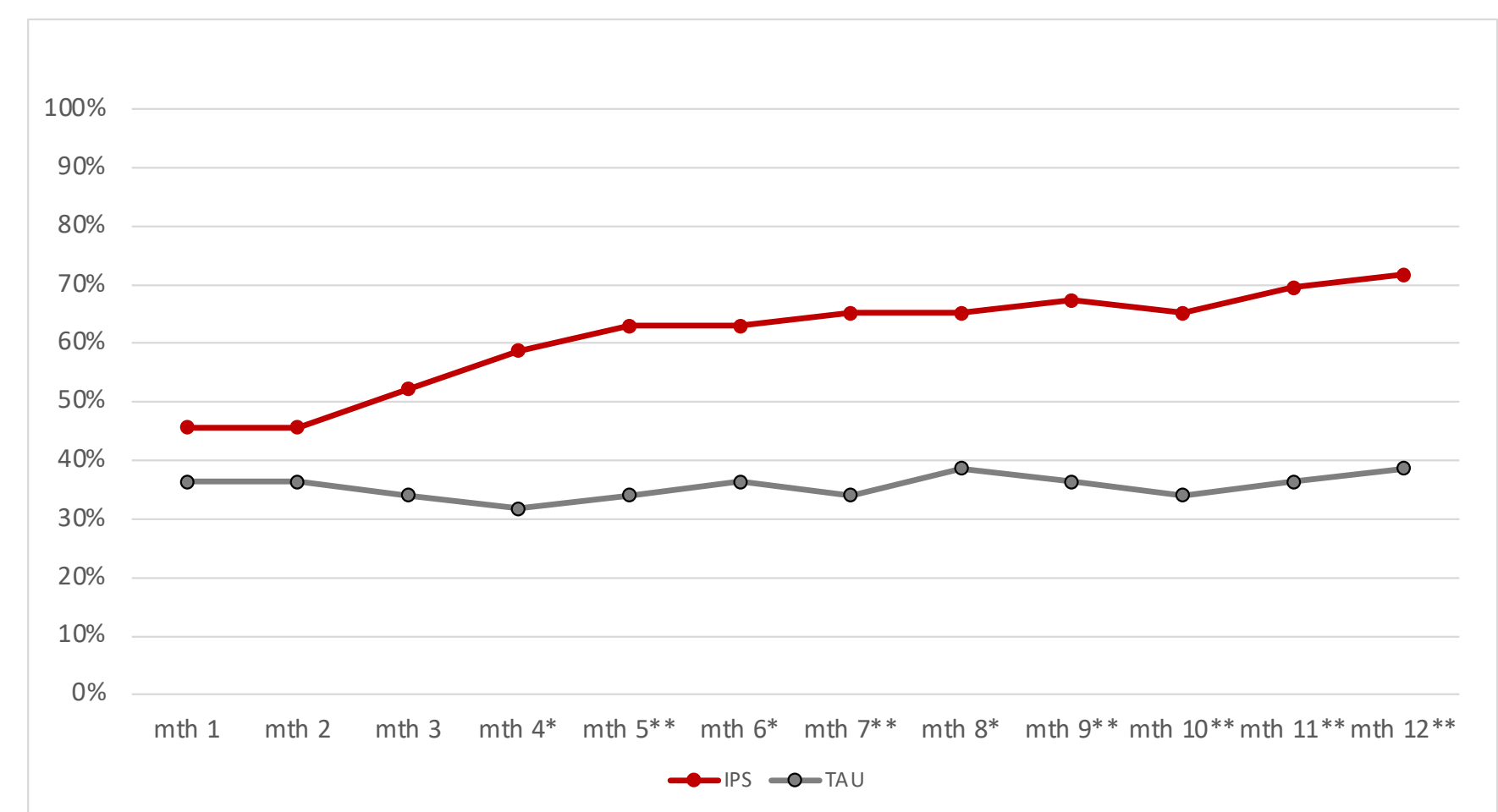
Introduction

- IPS has been professionally established and piloted in Germany since 2002, but it still lacks funding as routine care nationwide. Its implementation is most effective - and actually the biggest barrier - where cross-system cooperation, clinical integration, and adequate follow-up are structurally supported.
- The healthcare and social service landscape in Germany remains characterized by traditional vocational rehabilitation approaches such as “Train-place-principle” and “sheltered workshops” => Table 1. “Supported Employment” exists, but it is subject to specific eligibility criteria, includes a one-year internship phase, and cannot provide support for young adults enrolled in vocational training or higher education.
- IPS is evidence-based and recommended by the S3 guidelines in Germany. Still, it is not yet part of nationwide routine care: much is implemented via model/pilot projects with regional variation and shared responsibilities (SGB V/IX/VI). Key barriers are cross-system financing, integration of IPS specialists into mental health treatment teams, and time limits on follow-along support.

Evidence & Guideline Status

- The S3 Guideline “Psychosocial therapies for severe mental illness” (German Association for Psychiatry, Psychotherapy and Psychosomatics, DGPPN) recommends Supported Employment/IPS to prevent or reduce social disability (Recommendation Grade A). The S3 Guideline on Schizophrenia also assesses IPS positively.
- A DGPPN Task Force Position Paper (2021) summarizes international evidence and offers concrete recommendations for implementing IPS in Germany.

Young Adults with Psychosis: Monthly Vocational and Educational Outcomes (n=90, IPS-AT Study, Jäckel et al. 2025)



* $p < 0.05$, ** $p < 0.01$

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Where does work-related participation for people with severe mental illness takes place in Germany, and where is it prepared or trained?

Table 1 Overview vocational rehabilitation in Germany

Services (year)	Number of Sites	Total Capacity (Places)	% of Participants with Mental Disorder	Estimated Number of Participants with Mental Disorder	% of total Places
Sheltered Workshops for People with Disabilities (WfbM) (2024) ¹	700 service providers operating across 3.650 sites	300.804	21%	64.805	72.3%
Vocational Integration Services (IFD) (2020) ²	975	29.917	27% (incl. F7)	8.077	9,0%
Vocational Rehabilitation Centres for Adults (BFW) (2023) ³	28 service providers operating across 100 sites	16.000 (of which 12.000 places in vocational training) ⁴	23%	3.700	4,1%
Vocational Training Centres for Young People with Disabilities (BBW) (2024) ⁵	52	16.000 (of which 14.000 places in vocational training)	32%	5.120	5,7%
Prevocational Training Centres (BTZ) (2024) ⁶	23 service providers operating across 27 sites	1.136	100%	1.136	1,3%
Rehabilitation Services for People with Mental Illness (RPK) (2023) ⁷	62	2.000	100%	2.000	2,2%
Inclusive Enterprise (Inklusionsbetrieb) (2022) ⁸	1.030	29.448	9%	2.784	3,1%
Supported Employment (UB) (2022) ⁹	116 service providers operating across 248 sites	6.550	26% ⁸	1.625	1,8%
IPS (2025)	12	350	100%	350 (of which 140 places in standard care)	0,4% ¹⁰ < 0,5 %

IPS Implementation & SEEarly Study Sites

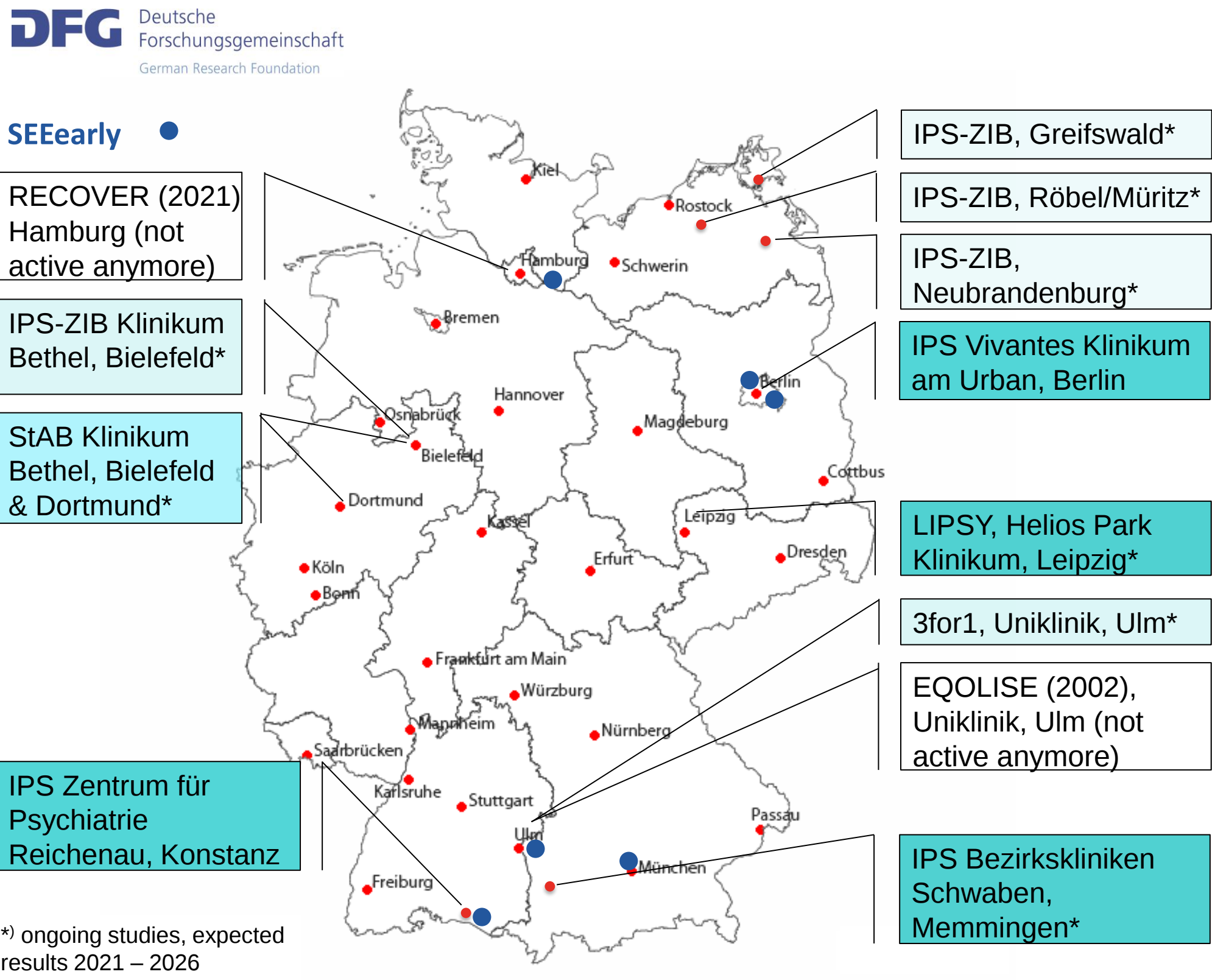


Figure 1 IPS Sites in Germany (Blue Bulletpointss = SEEarly Study Sites)

IPS Fidelity and Outcome Assessment

- Perform a fidelity self-evaluation at least once a year, or if the fidelity score is below 99 (fair fidelity), every 6 months. Fidelity ratings range from fair to good. Caseloads for IPS in Germany vary significantly: 1:5 (Bielefeld), 1:12 (Berlin), 1:20 (Reichenau), up to 1:50 (mental health outpatient services, Leipzig).
- Assessment of vocational outcomes at the local level (monitored by the IPS supervisor or IPS team leader) or at the study level (primary and secondary outcomes)
- Evaluation of **non-vocational outcomes** through ongoing studies. Variables: Sociodemography, psychopathology, health status, quality of life, substance use, relapse, hospitalization, functioning (ICF, GAF), change job search self-efficacy (JSSE-O), Working alliance (WAI-VR)
- IPS Process monitoring: Number of IPS sessions, IPS worker notes

IPS Development in Germany

- Introduction IPS in routine care with a strong focus on the IPS principles: Reichenau in 2015, Berlin in 2016
- IPS as part of the standard care for patients in the outpatient care: Leipzig in 2015
- IPS evaluated the mental health service research project called RECOVER in Hamburg (2017-2020).
- In 2020, a program called “rehapro”, with a total budget of one billion euros, was launched by the Federal Ministry of Labour and Social Affairs (BMAS). It includes several IPS pilot projects, such as LIPSY and IPS-ZIB, with ongoing evaluation until 2026.
- Main barriers: Different responsibilities and competencies of the medical and social security systems (fragmentation). Strong lobbying by providers of the “first train then place” approach. Some IPS principles conflict with the rehabilitation funding system in Germany: i) zero exclusion/self-selection, ii) integration of mental health treatment and the workforce/working environment, iii) time-unlimited support
- Main facilitators: Strong evidence of IPS leads to adherence to medical guidelines. GER has ratified the Convention on the Rights of Persons with Disabilities and needs to enhance the participation of people with (severe) mental illness.
- Implement IPS within the hospital structure and establish an IPS team unit (including an IPS supervisor and IPS specialists).
- o strengthen our relationships with local employers, we establish collaborations with the Chamber of Industry and Commerce (IHK) and the Chamber of Handicrafts.
- Adaptation to the fidelity scale based on local contexts: need for support in job retention and preventing job loss (return to work)
- Translation and Adaptation of the IPS Fidelity Scale-Y and the IPS Manual for Youth

Innovation and Future Directions

- IPS for the prevention of job loss or unemployment (rehapro). Engagement of government funding for new vocational rehabilitation models aligned with IPS principles, with a main focus on collaboration between insurance systems (health, unemployment, pension...) and job coaching
- Developing Outcome criteria of Supported education
- Ongoing multicenter RCT - Supported employment and education for young adults with early psychosis (SEEarly)
- Preparing supported employment and education for young adults with common mental disorders at high risk (stage 1a & 1b) => Pilot study
- IPS Process research (IPS specialists)