IPSILON

IPS EUROPE Learning Network

DIPARTIMENTO DI SCIENZE DELL'EDUCAZIONE
"GIOVANNI MARIA BERTIN"

FONDAZIONE EN.A.I.P.
S. ZAVATTA RIMINI

Twenty Years of IPS in Europe and the road ahead

Third International meeting of the European Learning Collaborative on IPS

"Self Discovery" by Cami Ruohonen

19-20 Ottobre 2023

Rimini, Italy

c/o University of Bologna - Rimini Campus

Complesso Alberti (room Alberti 7), via Quintino Sella 13, 47921 Rimini RN, Italy

Table of Contents

Welcome To Rimini IPS Learning Community Meeting!

In March 2003 Rimini hosted the European meeting that started the EQOLISE study in six sites (London, Groeningen, Ulm, Sofia, Zurich and Rimini). The first IPS specialists were trained in an intensive week by Bob Drake and Deborah Becker. It was the beginning of IPS in Europe.

Twenty years later we find ourselves in Rimini to retrace the long and exciting journey that led IPS to be one of the most widespread and appreciated psychosocial interventions in Europe.

Individual placement and support no longer represent a pilot intervention model, but a methodology based on robust scientific evidence. Research findings have consistently shown that IPS is far more effective than traditional vocational rehabilitation approaches based on social rehabilitation, vocational training or job orientation. Twenty-seven randomized clinical trials conducted in various countries around the world have given unequivocal results of greater effectiveness of IPS compared to treatment as usual available locally.

The EQOLISE study has cleared the field of hypotheses of non-transferability in the European context of the methodology developed in the USA on the basis of the existing differences between cultures of work and psychiatric services between the two sides of the Atlantic. This was further confirmed by other implementations that were subsequently carried out in Italy, the United Kingdom, Spain, the Netherlands and the Scandinavian countries. With this review we intend to provide participants with an overall picture of the development of IPS in European countries.

If in the United States IPS has become an elective practice, having now been integrated into the mental health programs of almost all the states of the Union, in Europe after the EQOLISE study there have been disseminations at different speeds and intensities. While IPS has officially become government policy in many Northern European countries (the United Kingdom, the Netherlands, Denmark, Sweden, Norway and Iceland) in which there is an adequately funded national plan for implementation, monitoring and verification of outcomes, in the majority of Central European countries it remained linked to the initiative of some clinical centres (Switzerland), NGOs (France), psychosocial research centres (Germany) or insurance protection programs (Belgium). The case of Italy and Spain is different, characterized by a strong administrative decentralization, in which there has been a good "polycentric" diffusion, based on the initiative of individual clinical or social centres which in some cases have taken on regional or provincial dimensions.

With the third European meeting of the IPS Learning Community we want to further develop international collaboration, with the aim of enhancing the opportunities that this simple yet revolutionary method can offer to thousands of European citizens.

Rimini, 19-20 october 2023

Angelo Fioritti, *President of the IPSILON Association*
Dina Guglielmi, *University of Bologna - Department of Educational Sciences "G.M. Bertin"*
Vittorio Betti, *Coordinator of the En.A.I.P. Foundation Network Emilia Romagna*

History of IPS in Belgium

On 1 February 2018, the IPS project was launched in Belgium by the National Institute of Health and Disability Insurance (NIHDI) in collaboration with the French Free University of Brussels (ULB). The pilot project consists on the one hand, of the operational roll-out of the IPS methodology as a socio-professional reintegration pathway within the Belgian social security, and on the other hand, the ULB is investigating both qualitatively and quantitatively (RCT) the added value of the IPS methodology within the Belgian context. Both are financial supported by the NIHDI. All included people are officially recognized in work disability.

The NIHDI is responsible for the daily follow-up of the pilot project, the supervision of the IPS-sites, the communication with the various actors and the preparation of the potential future implementation of IPS within Belgian social security.

We have five IPS-sites. Two are located in Flanders, one in Brussels and two in Wallonia:

- ☞ Those in Flanders and part of GTB (Gespecialiseerd Team Bemiddeling, non-profit association). GTB is an organisation specialised inhelping people with a disability or health problem (and there for a need for intensive support) to find and keep suitable work. This organisation is imbedded in the sector 'work'.
- ☞ One IPS-site is located in Brussels and carried out by EQUIPE (non-profit association). Equipe is a network of social and community psychiatrists dedicated to providing appropriate care and treatment accessible to all.
- ☞ In Wallonia we have two sites, the Liège site and the Chaleroi site. The Liège site is integrated within Article 23 (also non)-profit). Their focus is on the right to work for mental health service users who are too often excluded from the normal paths to professional integration or work. Finally, the IPS site in Charleroi is integrated into a group of local hospitals, notably ISPPC.

The underlying quantitative research is a RCT fore which we have foreseen in both groups the same number of insured persons (Flanders, N=340; Brussels, N=60 and Wallonia, N=200). . We foresee a long-term follow-up of 5 years. Inclusion has stopped and finally in Flanders 430 insured persons received IPS (26% more than foreseen) and 362 were included in the control group. In Brussels 58 insured persons received the IPS methodology (almost 100% of target) and 40 were in the control group. In Wallonia we have 165 people in the intervention group (21% less then foreseen) and 137 in the control group. This makes a total of 653 insured people who received IPS people and 539 people in the control group Follow-up of these people is still running. In February 2022, Dr Prof Tojerow and Dr Prof Fontenay published the first interim RCT results [1]. In 2024 we foresee a second publication of interim RCT results and a first publication by Dr De Greef and Ms Hamarat on the qualitative study. We expect the end of the study and thus the final report by the end of 2025.

Project Structure

*** Funding and coordination Pilot Project: NIHDI (Federal)**

- Projectleader: Ellen Wyffels
- Coordinator Flanders: Kirsten Van Kelst
- Coordinator Brussels and Charleroi: Fiona Vandenhoven
- Coordinator Liège: Louise Deboutez

° IPS-teams: Regional

- Flanders: GTB
  - Supervisors: 2
  - IPS specialists: 22 (19,05 FTE)
  - Active Caseload: 340 [2]
  - Overall IPS-clients: 817 [3]
- Brussels: Equipe ASBL
  - Supervisor: 1
  - IPS Specialists: 3 (2,5 FTE)
  - Active Caseload: 41 [4]
  - Overall IPS-clients: 70 [5]
- Wallonia
  - Liège: Article 23
    - Supervisor: 1
    - IPS Specialists: 3 (2 FTE)
    - Active Caseload: 30 [6]
    - Overall IPS-clients: 73 [7]
  - Charleroi: ISPPC
    - Supervisor: 1
    - IPS Specialists: 4 (3,25 FTE)
    - Active Caseload: 71 [8]
    - Overall IPS-clients: 127 [9]

° ULB- Université Libre Bruxelles

- Qualitative
  - Vanessa De Greef
  - Natasia Hamarat
- RCT
  - Ilan Tojerow
  - Sebastien Fontenay

Monitoring of program and quality assurance:

The data collection is currently two-sided. As cited earlier, an RCT and qualitative research led

by ULB are ongoing, using data from the field for academic research.

On the other hand, NIHDI also requests quantitative and qualitative data from the sites via quarterly and annual reports. The requested material is based on the 25 criteria of the Fidelity Review and are a way of monitoring. We have several meetings where the daily monitoring of the programmes is discussed (the problems that arise, good practices, etc.) and content is discussed and decisions are taken in co-construction.

During the first years of the pilot project, we followed-up the fidelity to the IPS methodology by doing our own "fidelity review". Based on the results actions plans were made and followed-up.

In February 2023, a Fidelity Review was conducted at all 5 sites by external experts (Phrenos from the Netherlands for the Dutch-speaking part and Working First from France for the French-speaking part). 2 sites received a score corresponding to 'Fair Fidelity', 3 sites have a rating of 'Good Fidelity'. The full report including our points of attentions for the upcoming months is available in Dutch and French.

Address for correspondence

NIHDI
Benefits Department – Directorate Employment Reintegration
Galileelaan 5/5
1120 Brussel

Ellen.wyffels@riziv-inami.fgov.be
Kirsten.vankelst@riziv-inami.fgov

ULB:
Natasia.hamarat@ulb.be
Vanessa.degreef@ulb.be

[1] *https://www.iza.org/publications/dp/15386/how-does-job-coaching-help-disability-insurance-recipients-work-while-on-claim*
[2] *Date: 23/09/2023*
[3] *Date: 30/06/2023*
[4] *Date: 23/09/2023*
[5] *Date: 29/09/2023*
[6] *Date: 18/08/2023*
[7] *Date: 18/08/2023*
[8] *Date: 29/09/2023*
[9] *Date: 30/30/2023*

History of IPS in Czech Republic

There were different supported employment models implemented in the Czech Republic since 2000. Sarah Swanson's training in 2017 was a milestone, followed by a more rapid move towards IPS.

IPS in the Czech Republic is provided exclusively by non-profit organizations, which also provide a wider range of services for people with mental health problems. Among the most important IPS providers is Fokus Praha, whose IPS specialists participate in international IPS learning community meetings and develop contacts with foreign providers. Fokus Praha also offers training in the IPS method. Other organizations, such as Fokus Mladá Boleslav, have also long been committed to IPS services. Recently, the interest in IPS has been growing, in particular we can mention the organization Bona.

The IPS Platform has been meeting regularly in the Czech Republic since 2018 and is open to all organisations that work with the IPS method or use some of its elements in their work and are interested in getting involved. The aim is to support and inspire each other and to promote the principles of IPS. The platform meets two or three times a year with around 30 participants and regularly involves representatives from around 16 organisations. The agenda includes sharing examples of good practice, practical tools in the field of work used by individual organisations, discussions on case studies or with interesting guests (peer workers, labour office staff, addictologist) and the production of joint outputs and materials (article on the advantages of IPS compared to employment in sheltered places, leaflet on IPS).

Thanks to a project conducted by Social Finance UK and Centre for Mental Health Care Development in 2021 it was possible to map the situation of IPS in the Czech Republic and create a scale up plan for two regions where IPS services were not covered. This plan began to be implemented by regional authorities in 2023.

Current situation of IPS in the country

Part of the Czech National Mental Health Action Plan 2020-2030 aims to implement system change to reduce the unemployment rate of people with mental health problems. The number of Mental health centres should be increased from 30 to 100 by 2030 and each should include functional employment-focused support. The IPS model is recommended. At the same time there is also a huge state subsidy for sheltered work. At present (2023), commitment for mental health reforms from central authorities is weak. However, the regional administrations seem to have taken some initiative.

There is currently 18 IPS service providers with 40 IPS specialists serving approximately 1 000 service users every year.

Monitoring of programs and quality assurance

The organisations that meet within the IPS platform collect data on a voluntary basis since 2018 for the IPS statistics, which are regularly compiled by the Centre for Mental Health Care Development. Fidelity reviews are not common practice, and it is therefore not clear which services deliver 'true' IPS.

Development foreseen

Development foreseen:

- New populations (migrants, autism, unemployed general population, common mental disorders, substance abusers...).
- Changes in method (peer involvement, disclosure, daptation to youth in transition....)

In Bona organization they encounter an increase in service users from Ukraine and made efforts to integrate them into their services. They also newly focus on service users with multiple needs (worsened health conditions, dual diagnosis, etc).

In 2023 – 2026, Centre for Mental Health Care Development will implement a project supported from European Social fund aimed at strengthening IPS in 9 organizations. Activities will focus on development of the role of IPS supervisor, improving skills to communicate with employers in an open labour market and mutual learning. Progress will be measured by repeated fidelity reviews and selected outcomes (employment rate on open labour market). A special activity will be devoted to the establishment of IPS in the methodologies of the Ministry of Labour and Social Affairs. Cris Bergmans from the Netherlands promised to take the role of foreign expert in the project.

Research

Scaling employment support in Europe, available online https://www.socialfinance.org.uk/assets/documents/scaling_employment_support_across_europe.pdf

Address for correspondence

Jitka Špičanová, spicanova.jitka@fokus-praha.cz
Anna Kárníková, anna.karnikova@bona-ops.cz
Pavel Říčan, rican@cmhcd.cz

History of IPS in Denmark

IPS was first introduced in Denmark in 2012. Based on the international success with the IPS-model the Danish Agency for Labour Market and Recruitment (STAR), who is responsible for implementing and following up on employment policy in Denmark, decided to fund a clinical randomised trial (RCT) investigating the effects of IPS. The trial was initiated and conducted by the research unit Copenhagen Research Center for Mental Health-CORE.

The trial was designed as a 3-group, parallel, multisite randomized clinical trial with blinded outcome assessment. A total of 720 patients with severe mental illness, were randomly assigned into 1) Individual placement and support (IPS) or IPS supplemented with cognitive remediation and social skills training (IPSE) or service as usual (SAU). All participants in the 3 groups continued to receive their usual psychiatric outpatient treatment, which consisted of at least individual case management based on cognitive therapeutic methods and medical review. Participants allocated to the IPS group received vocational support per the principles of the IPS model. The SAU group received the best available vocational rehabilitation provided by the national job centres.

All IPS teams maintained good or fair levels of IPS fidelity throughout the trial. The scores ranged from 75 to 101 as measured on the IPS-25 scale. Over the 18-month follow-up period, participants in the IPS group were more likely than those in the SAU group to work competitively or be enrolled in education (59.9% vs 46.5%). The participants in the IPS group also obtained employment or education more rapidly than did the SAU group. And there was a significantly higher satisfaction with the service in the two IPS-groups compared with SAU. In a cost-effectiveness analysis health care cost, municipal social care costs, and labour market service costs were extracted from nationwide registers and combined with data on the use of IPS services. Both IPS and IPSE were less costly and more effective than SAU. Overall, there was a statistically significant cost difference of €9,543 when comparing IPS with SAU. Based on the results from the Danish RCT and the consistent IPS literature, it was suggested that IPS is a viable route to increase employment and educational rates among people with severe mental illness in a Danish context.

Since the national RCT on IPS, the delivery of service has steadily spread across Denmark. In the Region of Zealand and Southern Denmark, the boards of directors of psychiatry decided on a strategy of collaboration with the municipalities, within the regions, on IPS. In The Zealand project, this was done first as a pilot in four municipalities, starting in 2017, and then expanded in 2020, to cover 14 out of 17 municipalities. In Southern Denmark, IPS is today implemented in 14 out of 22 municipalities. Moreover, CORE received funding for an IPS implementation project, IPS – from research to practice. In this project, training, supervision, and fidelity assessments, were offered to the IPS projects in Zealand and Southern Denmark. In addition, IPS was implemented in the additional three regions in Denmark.

In the next table there is an overview of all the municipalities where IPS is implemented today.

Region	Number of municipalities per region	Number of municipalities with IPS implementation
Capital Region	29	13
Region of Zeeland	17	14
Region of Southern Denmark	22	14
Region of Central Jutland	19	12
Region Northern Jutland	11	5
All five regions	98 municipalities	58

Current situation of IPS in the Danmark

In 2022 The Danish Agency for Labour Market and Recruitment (STAR) decided to fund IPS-implementation specialists (named 'IPS ambassadors') in all regions in Denmark. The aim is to maintain a high quality of the existing services and establish collaboration between the job centres in the municipalities and the psychiatry where IPS is not implemented. With this, the responsibility for implementing IPS has moved from being prompted by local/regional initiatives to being centralized at an overall state level. State funding of the IPS ambassadors has been granted until 2026. It is expected that the regions thereafter will have the financial responsibility. Hiring and payment of IPS employment specialists is the sole responsibility of the municipalities.

Monitoring of programs and quality assurance

In the three IPS implementation projects, the IPS-25 fidelity scale has been used, and all sites have received reports and suggestions for improving the quality of the services. All sites have made self-monitoring on employment rates. In addition, CORE has initiated a national monitoring database, using Danish registers to analyse employment effects in the individual IPS teams and in the regions. The IPS participants are also encouraged to answer a survey on satisfaction with treatment. By this, all sites can follow their own improvement in employment and client satisfaction. The Danish Agency for Labour Market and Recruitment (STAR) will be responsible for monitoring in the following years, and IPS ambassadors will be responsible for developing a less resource dense method of quality assessment.

Development foreseen

In Denmark Each municipality makes individual decisions on which groups within the jobcentre to target first, some adhering to the original group of severe mental illness, others expanding the target groups to include people with common mental illness. Some are offering services only to certain age groups or to groups according to the benefits received, but with focus on adhering to the core principles of the IPS-method. Moreover, there is a renewed focus on young

people, and several Supported Education models, is being developed and tested.

Research

- Christensen, T. N., Wallstrøm, I. G., Stenager, E., Bojesen, A. B., Gluud, C., Nordentoft, M., & Falgaard, L. E. (2019). Effects of Individual Placement and Support Supplemented With Cognitive Remediation and Work-Focused Social Skills Training for People With Severe Mental Illness Results From a Randomized 3-Group Clinical Trial. JAMA Psychiatry, 1–9. https://doi.org/10.1001/jamapsychiatry.2019.2291
- Christensen, T. N., Kruse, M., Hellström, L., & Eplov, L. F. (2021). Cost-utility and cost-effectiveness of individual placement support and cognitive remediation in people with severe mental illness: Results from a randomized clinical trial. European Psychiatry, 64(1). https://doi.org/10.1192/j.eurpsy.2020.111
- Christensen, T. N., Wallstrøm, I. G., Stenager, E., Hellström, L., Bojesen, A. B., Nordentoft, M., & Eplov, L. F. (2023). 30-Month Follow-Up of Individual Placement and Support (IPS) and Cognitive Remediation for People with Severe Mental Illness: Results from a Randomized Clinical Trial. Psychiatry Journal, 2023, 1–10. https://doi.org/10.1155/2023/2789891
- Christensen, T. N., Wallstrøm, I. G., Bojesen, A. B., Nordentoft, M., & Eplov, L. F. (2021). Predictors of work and education among people with severe mental illness who participated in the Danish individual placement and support study: findings from a randomized clinical trial. Social Psychiatry and Psychiatric Epidemiology, 56(9), 1669–1677. https://doi.org/10.1007/s00127-021-02107-8

Address for correspondence

Johannes Patursson
IPS Sjælland
johpa@regionsjaelland.dk

Thomas Christensen
Copenhagen Research Center for Mental Health – CORE
TCHR0091@regionh.dk

History of IPS in secondary mental health services in England

IPS for people with severe mental illness, was pioneered in England in the early 2000s at the South West London and St George's Mental Health Trust.

The EQOLISE randomised control trial in 2007, which included England among the 6 countries testing IPS in a context outside of the USA, gave clear evidence that the strength of IPS was replicable in a European context and England specifically. A further RCT was undertaken in England in 2011, with other pilots and studies, confirming the effectiveness of IPS for people using community mental health teams.

Key players who initially drove IPS forward across England included The Centre for Mental Health, Chairs of National Health Service Trusts, local champion providers and the Department of Health (now the Department of Health and Social Care).

However the "no discharge policy" plus "fixed caseloads" of IPS was perceived as expensive to provide and scale across England. An RCT in 2015 by Burns et al, to test whether introducing a time limit for IPS provided evidence that this did not alter its clinical effectiveness and gave a way forward that offered some ring fencing of costs for a new service without compromising impact for clients.

This research gave Commissioners in England some impetus to invest in IPS.

IPS over the years in England

The following fugure shows the evolution of IPS over the years in England.

A pilot [1] published in 2015, managed by the Centre for Mental Health and funded by the

Department of Health, brought IPS to 6 areas where it had never been before and helped create further local evidence to drive uptake. This pilot also funded fidelity reviews and created a group of leading services / local IPS leaders. By 2015, there were several large, well established, and effective IPS services operating around England. However, IPS hadn't really taken off consistently throughout England.

Social Finance [2], a not-for-profit organisation, felt there was a huge opportunity to develop and scale IPS across England. To do so, they needed to build further momentum behind IPS by collect compelling data to convince funders at local and national level of the benefits.

Between 2015 and 2018, Social Finance helped commission 14 large IPS services across England, using the world's first social impact bond (SIB) for IPS. Social Finance worked closely with commissioners, service providers and other local stakeholders to support programme mobilisation, delivery and performance management, and quality assurance.

This enabled them to make the case to decision makers for widespread adoption of IPS and to secure funding to build a national support infrastructure to drive the roll out and scaling of IPS.

Off the back off the 2016 Five Year Forward View for Mental Health policy document, Social Finance formed a coalition of experts, created the first phase of IPS Grow a national IPS technical support approach, developed resources and a website to promote quality IPS delivery.

IPS became a fixed part of all mental health services with inclusion in the NHS Long Term Plan – a 10-year strategy for targeting and improving services delivered by the NHS.

NHS England commissioned a national quality assurance team (IPS Grow) [3] in 2019 to support the large scale of IPS across England. Initially a 1-year contract, extended for +2yrs and now extended for +3yrs.

IPS in community drug and alcohol treatment

In 2016, Professor Dame Carol Black, an advisor to successive governments on work and health, published an independent review into drugs, alcohol, obesity, and employment [4]. She identified IPS as a promising intervention and recommended a large-scale randomised controlled trial. This became the IPS-AD trial [5], was managed by Public Health England (now the Office for Health Improvement and Disparities – OHID) between 2018 and 2021.

While the results of the IPS-AD trial will not be published until late 2023, the initial work and evaluation were sufficient to persuade the UK government to commit to making IPS available in community drug and alcohol treatment in every part of England by 2024-25 [6]. This expansion, led by OHID and supported by IPS Grow and the Centre for Mental Health, is in year 2 of a 3-year phased roll-out, with almost 100 out of 150 local authorities already able to offer IPS to people accessing community treatment for substance use.

IPS in primary care

The health led trials from 2018 to 2020, tested IPS with a group experiencing mild/moderate mental and/or physical health conditions in primary and community care settings. This cohort experienced higher unemployment rates than the general population and had not been helped with mainstream employability programmes. The trial participants had many barriers to work: Many recruits had not worked for 2 years, and some had never worked. It was common for recruits to have 6 or more interacting health conditions. The impact of IPS showed a significant impact on employability, improved perception of health and a strong return on investment.

Current situation of IPS in England

IPS provision in England has grown from less than 50 services in 2015 to more than 400 across England and helped to build a new workforce of more than 1,000 people to support this.

IPS is delivered across 3 main health systems across England.

IPS for people with serious mental illness:

- 80% coverage of England.
- IPS is supporting from 3,200 people prior to 2017 to 27,000 people (May 2023).
- Ambitions to reach 55,000 by 27/28
- IPS is now written into the NHS long term plan and embedded in every local area.

IPS for people with other conditions

- IPS is now in primary care for 12 regions and servicing one third of England. IPS in primary care is expected to move to all of England by 2025.
- By 2024/25, there will be an IPS service in community drug and alcohol teams in every local authority in England4

Monitoring of programs and quality assurance

England has a national technical support team called IPS Grow [3], a partnership programme established in 2019, led by Social Finance, with collaborative working with the Centre for Mental Health. Funded by NHS England, OHID and DWP to support the national expansion of IPS across England in mental health, drug and alcohol treatment teams and primary care.

IPS Grow aims to:

- Provide strategic and practical technical support to treatment and IPS providers
- Develop national standards to drive consistency across IPS services in relation to performance, quality, practice, and fidelity.
- Create communities of learning and practice to build networks, share and develop learning, and in turn promote quality IPS delivery.
- Design a workforce development programme to support the large-scale recruitment, training and development of IPS staff
- Strengthen international links with IPS learning collaboratives
- Create and promote a national data tool, to gather local performance data and benchmarks against national targets.
- Undertake fidelity reviews. The IPS Grow team along with support from the Centre for Mental Health undertake a rolling schedule of fidelity reviews each year over England. The team create action plans with delivery providers and offer technical support via local coaching or through Communities of Practice.

Future populations

There are plans to trial IPS for people who are homeless , prison leavers and test the IPS- Youth scale for 16-25yr olds.

Research

The Centre for Mental Health [7] is a not-for-profit research and policy organisation that takes the lead in challenging policies, systems and society so that everyone can have better mental health. Over the last 20 years IPS experts from the Centre have led IPS research and implementation projects, such as IPS alongside talking therapy services, National Health and NGO collaborations, IPS for prison leavers, and more recently with drug and alcohol addiction services.

Centre for Mental Health has been working in partnership with Social Finance for many of those years and as part of the IPS Grow consortium helped to expand IPS in the UK.

References

- Boardman, J. and Rinaldi, M., 2013. Difficulties in implementing supported employment for people with severe mental health problems. The British Journal of Psychiatry, 203(4), pp.247-249.
- Burns, T., Catty, J., Becker, T., Drake, R.E., Fioritti, A., Knapp, M., Lauber, C., Rössler, W., Tomov, T., Van Busschbach, J. and White, S., 2007. The effectiveness of supported employment for people with severe mental illness: a randomised controlled trial. The Lancet, 370(9593), pp.1146-1152
- Burns, T., Yeeles, K., Langford, O., Montes, M.V., Burgess, J. and Anderson, C., 2015. A randomised controlled trial of time-limited individual placement and support: IPS-LITE trial. The British Journal of Psychiatry, 207(4), pp.351-356.
- Heffernan, J. and Pilkington, P., 2011. Supported employment for persons with mental illness: systematic review of the effectiveness of individual placement and support in the UK. Journal of Mental Health, 20(4), pp.368-380.

- Heslin, M., Howard, L., Leese, M., McCrone, P.A.U.L., Rice, C., Jarrett, M., Spokes, T., Huxley, P. and Thornicroft, G., 2011. Randomized controlled trial of supported employment in England: 2 year follow-up of the Supported Work and Needs (SWAN) study. World Psychiatry, 10(2), p.132.
- Howard, L.M., Heslin, M., Leese, M., McCrone, P., Rice, C., Jarrett, M., Spokes, T., Huxley, P. and Thornicroft, G., 2010. Supported employment: randomised controlled trial. The British Journal of Psychiatry, 196(5), pp.404-411.
- Hutchinson, J., Gilbert, D., Papworth, R. and Boardman, J., 2018. Implementing supported employment. Lessons from the making IPS Work Project. International Journal of Environmental Research and Public Health, 15(7), p.1545.
- Rinaldi, M. and Perkins, R., 2007. Implementing evidence-based supported employment. Psychiatric Bulletin, 31(7), pp.244-249.
- Rinaldi, M., Miller, L. and Perkins, R., 2010. Implementing the individual placement and support (IPS) approach for people with mental health conditions in England. International Review of Psychiatry, 22(2), pp.163-172.
- Schneider, J. and Akhtar, A., 2012. Implementation of individual placement and support: the Nottingham experience. Psychiatric rehabilitation journal, 35(4), p.325.
- van Veggel, R., Waghorn, G. and Dias, S., 2015. Implementing evidence-based supported employment in Sussex for people with severe mental illness. British Journal of Occupational Therapy, 78(5), pp.286-294.

Address for correspondence

Email: info@socialfinance.org.uk

[1] *https://www.centreformentalhealth.org.uk/publications/making-individual-placement-and-support-work*
[2] *https://www.socialfinance.org.uk/*
[3] *https://ipsgrow.org.uk/about/story-of-ips-grow/*
[4] *https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/573892/employment-outcomes-of-drug-or-alcohol-addiction-and-obesity-print.PDF*
[5] *https://pubmed.ncbi.nlm.nih.gov/32046765/*
[6] *https://www.gov.uk/government/publications/from-harm-to-hope-a-10-year-drugs-plan-to-cut-crime-and-save-lives*
[7] *https://www.centreformentalhealth.org.uk/*

History of IPS in Finland

The Finnish Institute for Health and Welfare (THL) has been leading a national IPS development project in Finland since 2020. Main target group for the IPS service has been persons with psychotic disorders. In introducing and implementing IPS in Finland, the model is seen as a paradigm shift within the psychiatric care and rehabilitation services: understanding the meaning of work as part of recovery. The first wave of regional IPS projects (2020-2023) was implementing IPS in their psychiatric care services under the Finnish National Mental Health Strategy 2020–2030. Funding came from the Finnish Ministry of Social Affairs and Health. With the second wave of pilots (2023-2024) the development project expands into six new regions (six well-being services counties). These newly started pilots are funded by the Sustainable Growth Programme for Finland, and its Recovery and Resilience Plan (RRP).

Current situation of IPS in the country

The level of policy is both national and regional. The objective of the national IPS development project is to establish IPS model permanently in the piloted areas and gradually nationwide. The first wave pilots are still providing IPS as part of their publicly funded services, but due to financial uncertainty, the future after 1/2024 is still unclear for some of the regions. The regions have some autonomy over their supply of services, and since there is no legislation regulating IPS activity in Finland yet, there might be a risk that IPS will be cut from the regions´ future budgets.

IPS has been included in Finnish Prime Minister Petteri Orpo´s government programme for the next four years. Additionally, the Finnish Ministry of Social Affairs and Health has proposed funding for expanding the IPS model nationwide during 2025-2027. These proposals and suggestion are promising, but there is still an undeniable need for IPS specific legislation to secure the establishment of IPS in the Finnish service structure.

During the first wave pilots (2020-2023) the number of clients served in IPS rose above 700 persons. The employment rate was 46 %. In these IPS pilots there worked around 40 IPS specialists.

In the newly started IPS pilots (2023-2024) the number of clients in IPS was at the end of July 81 persons. Since the projects are only starting their activity, the employment rate is still very modest = 3,7 %. In these new pilots there are 12 IPS specialists plus 6 IPS team leaders / supervisors working.

Monitoring of programs and quality assurance

The national IPS development project (run by THL) coordinates the regional IPS pilots, and is responsible for data collection, outcome measurement, supervision and organizing and conducting the fidelity visits.

Development foreseen

In the Finnish IPS development project and its pilots IPS model is followed very carefully, in its "pure form", and without modifications. The aim is to integrate the IPS service in the regional psychiatric care and rehabilitation services. When this is accomplished, the objective is to expand and open the IPS service to new populations. There is already a parallel development project, also run by THL, where regional pilots are implementing IPS in social services. In this project the target group consists of persons that are long-term unemployed and persons with partial working abilities and/or disabilities. We have also recognised other client groups (migrants, youth at risk of exclusion, persons with substance abuse) who could potentially benefit from IPS. Hopefully we will be able to extend IPS into other services in the near future.

Research

The Finnish Individual Placement and Support Evaluation Study has been conducted as part of the IPS development project since 2020 at the Finnish Institute for Health and Welfare. The study aims to investigate the implementation, feasibility as well as perceived benefits and outcomes of the IPS program. The first research report will be published by the end of 2023. The study expands to six new regions in 2023-2024 and will thus cover all regional pilots implementing IPS in Finland.

Address for correspondence

Project manager: Helka Raivio (helka.raivio@thl.fi / +358 29 524 7183)
Researcher: Noora Sipilä (noora.sipila@thl.fi / +358 29 524 7929)

History of IPS in France

In the late 2000s and early 2010s, the recovery paradigm in mental health has been developing in France. This can be seen in the appearance of the first psychiatry-poverty mobiles team, the first experiments with psycho-social rehabilitation centres, the training and recruitment of the first peer workers and the launch of the *Housing First* experiment in six French major cities (2011). It was on this fertile ground that the *Working First* experiment was born in Marseille, based on the observation that the majority of people living with SMI supported by these recovery-oriented services wanted to work, and that there was no dedicated support solution to gain mainstream jobs. As the *Individual Placement and Support* model is part of the recovery paradigm and has been developed specifically for the target population, it has been naturally chosen to be implemented from 2014. With the service showing good outcomes in, it was quickly approached by other players in the mental health, social inclusion and disability sectors to share its experience and provide technical assistance, and then to provide IPS training, supervision and fidelity reviews throughout France.

At the same time, the first supported employment services appeared in France, based on individual initiatives by organisations working in the field of disability. These initiatives, dedicated to providing support for mainstream jobs, were aimed at people living with invisible disabilities, in particular people with psychological disabilities (which were not recognised as such in France until 2005), cognitive disabilities and mental disabilities. This pioneering work led to the creation of an informal group of organisations whose lobbying of the public authorities resulted in the "Supported Employment" decree being included in the “Labour law” published in 2016. Subsequently, the group will take the form of an association, the *Collectif France Emploi Accompagné* (CFEA), which from 2018 will participate, with the *Ministry of Health and Solidarity*, *AGEFIPH* and *FIPH* as technical and financial partners, in the development of a public policy of Supported Employment Schemes, now present in all French departments.

While the approach is based on certain principles of the IPS model (intensive, individualised and open-ended support towards mainstream employment, finding and keeping a job, developing a network of employers, place and train, benefits planning), the CFEA, is explicitly committed to the method promoted by the European Union of Supported Employment (EUSE) and has chosen not to refer to IPS. Nevertheless, a growing number of Supported Employment programmes are trained to the IPS model and adopting it to varying degrees, depending on their structural and institutional environment and the wishes of the management or teams.

Furthermore, in 2020, the *Interministerial Department for Housing* (DIHAL), in charge of the *Housing First* program, is launching the COACH project, an IPS experiment in six cities, aimed at homeless people living in housing shelters. Evaluation of the trial, which is currently underway, has produced promising initial results and could lead to the programme being rolled out more widely.

In 2021, the Working First association will take part in the launch of the IPS Europe community, and will enable France, along with the DIHAL, *LADAPT Ouest* and *HANDAMOS*, in order to join the IPS International learning community in 2022, which will be leading to the launch of a French IPS community in 2023.

Finally, the national development of psycho-social rehabilitation centres since 2019 at the initiative of the government, whose approach and objectives are in line with the IPS model, points to promising prospects for the deployment of the IPS model, as shown by the precursor programmes.

Current situation of IPS in the country

IPS services depend on different policy levels. While the COACH and Supported Employment programs are initiated at national level, the implementation of IPS is more a matter for:

- regional, for LADAPT Ouest
- local for the rest of the initiatives.

Centers ensuring IPS

Integrated IPS

Interface 37 (Tours): 97 clients since 2017 – 4 specialists
PRP (Montpellier) : 221 clients since 2021 – 4 specialists - fidelity reviewed
Working First (Marseille) : 164 clients since 2014 – 6 specialist – fidelity reviewed

IPS Supported Employment

ADAPEI 44 (Nantes) : 182 clients since 2018 – 9 specialists
HANDAMOS (Bordeaux) : 374 clients since 2018 – 19 specialists – fidelity reviewed
LADAPT OUEST (Rennes) : 451 clients since 2018 – 23 specialists – fidelity reviewed
MESSIDOR (Lyon) : 524 clients since 2018 – 23 specialists

IPS COACH Project

Fondation de Nice (Nice), Trajet (Nantes), Adefo (Dijon), La Sauvegarde du Nord (Lille), Diaconat (Bordeaux), Lahso (Lyon)
245 clients since 2021 – 6 specialists – fidelity reviewed

IPS for beneficiaries of minimal social income

LAHSO (Lyon) : 567 clients since 2018 – 6 specialists

Monitoring of programs and quality assurance

While some services are trained directly online by the *IPS Employment Center*, training, supervision, fidelity reviews and technical assistance are mainly provided by Working First,'s trainings center. As for the data management system, it is currently in the embryonic stage and is one of the areas of work for the French IPS learning community, which will be officially launched in September 2023.

Development foreseen

Firstly, the ongoing national implementation of the *Mental health roadmap* (2018), supplemented by the *Instruction of 16 January 2019 on the development of psychosocial rehabilitation care provision*, offers prospects for the development of traditional IPS services. Indeed, it is explicitly part of a recovery-oriented approach emphasising professional inclusion.

Then, the French IPS services are characterised by a diversity of target groups, since in addition to people living with SMI, people with mental or cognitive disabilities, as well as people living with autism spectrum disorders, also have access to IPS services through supported employment services. Similarly, jobseekers at the end of their benefit entitlement.

The challenge now is to capitalize on these experiences, which should be one of the French IPS learning community's missions.

In addition, homeless people in shelters are supported by IPS services via the COACH programme, which is currently being evaluated and could be scaled up over the coming years. Furthermore, there are needs to be addressed in the future for substances users and migrants living with psycho-trauma, while public policies are encouraging the development of this type of initiative for workers in sheltered workshops.

Since their inception, some French IPS services have been inspired by the organisational principles of *Assertive Community Treatment* services. Various referral and paired intervention have been introduced, with the result of improving the specialists' quality of life at work and encouraging their retention. In addition, peer specialists work within certain teams (Working First, Fondation de Nice), with benefits noted for both the IPS clients and the employment specialist teams.

Research

Tours CHU – currently preparing an application for a multisite on IPS clinical efficiency
NEXEM, Pachoud, Marec, Corbière (2017), *Etude évaluative de 5 dispositifs d'emploi accompagné*
ORSPERRE – SAMDARRA – article "La méthode Working First" in : Chambon, Estecahandy, Gilliot, Henin, (2022) *La politique du logement d'abord*
Paris Diderot University – article "Insertion Professionnelle des personnes vivant avec un trouble psychiques " Pachoud, Corbière in : Franck (2018), *Traité de réhabilitation psychosociale*

Address for correspondence

Association WORKING FIRST – 2, rue Papère - 13001 Marseille –
equipe.projet@workingfirst.fr
ABELANSKI Sonia – s.abelanski@workingfirst.fr - +33 603 031 381
DEBROAS Frédéric – f .debroas@workingfirst.fr - + 33 750 588 526

History of IPS in Germany

Supported Employment/IPS within the EQUILIZE study in Ulm (Bavaria). No continuation of IPS after end of study in 2005.

10 years later in 2015 the first IPS programme in Germany in routine care was implemented in the Hospital for Psychiatry (ZfP), Reichenau Konstanz (int the south of Germany)

2016 IPS implementation at the Vivantes Hospital Am Urban and Vivantes Hospital im Friedrichshain, Department of Psychiatry, Psychotherapy and Psychosomatics. Academic Hospital Charité-Medicine Berlin.

The first experiences of IPS are all positive. There is a great need for IPS in clinical care and IPS is well accepted (Gühne et al., 2021; Dorothea Jäckel, Siebert, Baumgardt, Leopold, & Bechdolf, 2020). Nevertheless, IPS is hardly implementd in mental health routine care. Most IPS programs are terminated in the context of research projects.

Current situation of IPS in the country

The fragmentation of the social security system and mental health care system is the highest barrier for funding IPS and therfore for the nationwide implementation of IPS in Germany. This leads to a situation where evidence and implementation levels of IPS are diametrically opposed.

All IPS programmes are implemented at the local level. There are no national or regional policies of IPS although the psychiatric societies are trying to exert influence: Implementation of the principle of supported employment in Germany. Position paper of a task force of the German Association for Psychiatry, Psychotherapy and Psychosomatics (DGPPN) (Stengler et al., 2021)

Centers ensuring IPS collected data on their own e.g. number of IPS participants, number of paricipants in employment or education and number of IPS specialists in activity

Currently, approximately 400 people with mental illness are expected to be enrolled in an IPS program including research Projects. Estimated that no more than 180 people are likely to participate in IPS programs in mental health services.

Round about 30 IPS specialists are in acitivity in Germany.

Monitoring of programs and quality assurance

There is no external monitoring (visits) of the IPS Fidelity in Germany. Almost all IPS programs use the IPS Fidelity Scale and strive to align their program with the Fidelity criteria. Centers ensuring IPS collected data on their own via routine data (number of participants, number of meetings with the IPS specialists, number of paritcipants in empoyment/education).

All IPS research studies use the IPS fidelity scale.

Development foreseen

- IPS (Supported Employment and Education) for the youth
- Unemployed people with common mental disorder (rehapro)
- Combination IPS with adherence training (IPS-AT)
- IPS for borderline personality disorder
- Cooperation with the Chamber of Industry and Commerce (Industrie- und Handelskammer, IHK) and of the Trade Board (Handwerkskammer, HWK)
- German translation and adaption IPS Fidelity Scale fort the youth

Research

Since 2016 there are several studies conducted or ongoing research on IPS:

☞ Enhancing educational and vocational recovery in adolescents and young adults with early psychosis through supported employment and education (SEEearly) funded by the German research foundation: DFGhttps://drks.de/search/en/trial/DRKS00029660 (D. Jäckel et al., 2023)

☞ Improving functional and clinical recovery by combining Individual Placement and Support (IPS) and Motivational Interviewing-based Adherence Therapy (AT) in patients with early psychosis https://drks.de/search/en/trial/DRKS00018107

In the context of the federal program "*Innovative Ways to Participate in Working Life – rehapro*" there are four projects that use the IPS approach. "*rehapro*" supports innovative projects of job centers and statutory pension insurance providers to strengthen the principles of "*prevention over rehabilitation*" and "*rehabilitation over retirement*" and to maintain or restore earning capacity.

The four project are located in different federal states of Germany:

- IPS-Coaching - Back to Professional Life: https://drks.de/search/en/trial/DRKS00023521
- Leipzig - Individual Placement and Support for people with mental illnesses: https://drks.de/search/en/trial/DRKS00023245
- Start in education and employment: https://drks.de/search/en/trial/DRKS00027576
- 3for1: https://www.zihub.de/publicmentalhealth

IPS receives highest level of recommendation in the S3 guidelines on psychosocial therapies Grade of recommendation: A, Level of evidence: Ia (DGPPN, 2019)

Address for correspondence

Dorothea Jäckel
Klinik für Psychiatrie, Psychotherapie & Psychosomatik mit FRITZ & soulspace
Vivantes Klinikum Am Urban
Dieffenbachstr. 1
10967 Berlin
Germany
dorothea.jaeckel@vivantes.de

References

- DGPPN (Ed.) (2019). S3 Guideline Psychosocial therapies for severe mental illnesses (2. ed.). Berlin, Heidelberg: Springer
- Gühne, U., Pabst, A., Löbner, M., Breilmann, J., Hasan, A., Falkai, P., . . . Riedel-Heller, S. G. (2021). Employment status and desire for work in severe mental illness: Results from an observational, cross-sectional study. Social Psychiatry and Psychiatric Epidemiology, 56(9), 1657-1667. doi:10.1007/s00127-021-02088-8
- Jäckel, D., Siebert, S., Baumgardt, J., Leopold, K., & Bechdolf, A. (2020). Patients' work-related participation impairments and need for support in day hospital and inpatient psychiatric treatment. Psychiatrische Praxis, 47(5), 235-241. doi:10.1055/a-1112-5519
- Jäckel, D., Willert, A., Brose, A., Leopold, K., Nischk, D., Senner, S., . . . Bechdolf, A. (2023). Enhancing educational and vocational recovery in adolescents and young adults with early psychosis through Supported Employment and Education (SEEearly): study protocol for a multicenter randomized controlled trial. Trials, 24(1), 440. doi:10.1186/s13063-023-07462-2
- Stengler, K., Bechdolf, A., Becker, T., Döring, A., Höhl, W., Jäckel, D., . . . Riedel-Heller, S. (2021). Implementation of the principle of supported employment in Germany. Position paper of a task force of the German Association for Psychiatry, Psychotherapy and Psychosomatics (DGPPN). Nervenarzt, 92(9), 955–962. doi:10.1007/s00115-020-01038-0

History of IPS in Greece

Though the implementation of the Psychiatric Reform in Greece formally began in 1983 (Law 1397/83), the shift in mental health services from large asylums to community-based services was slow and challenging. In 1997, the "Psychargos" National Action Plan was developed having two axes: deinstitutionalization and establishment of community-based services. Nonetheless, vocational rehabilitation of mental health service users was not considered a priority. A notable exception was the establishment of the necessary legal framework (law 2716/99, article 12) for the set-up of social co-operatives with limited liability for people with mental health problems (KOISPE). In recent years, the development of supported employment programs has been recognized as a necessity and announced as a main target of "Psychargos". In spite of this, the only significant progress regarding supported employment in Greece was the establishment of PEPSAEE's "Support for Employment" Office in 2010, and the implementation of the "Bridges for Employment" project (2012-2014).

The Pan-Hellenic Association for Psychosocial Rehabilitation and Work Integration (PEPSAEE) (http://www.pepsaee.gr/) is a Scientific Not-for-Profit Organization that was established in 1996. It aims at facilitating the social inclusion of individuals with psychosocial difficulties, specializing in supporting, coordinating and empowering rehabilitation and work integration initiatives for people with mental health problems. The association regards work as an essential factor for real social inclusion of mental health service users.

In 2010 PEPSAEE established the first "Support for Employment" Office for mental health service users in Greece (located in Athens). Additionally, from 2012 to 2014 PEPSAEE designed, organized and implemented the "Bridges for Employment" project (Code: MIS 365136), a holistic intervention program for supporting employment of mental health service users in the free labor market, which was co-financed by the Greek government and the European Union. These initiatives constitute the most organized attempts to develop a supported employment model in Greece.

The "Support for Employment" office of PEPSAEE

The "*Support for Employment*" office uses a career intervention approach that is based on the IPS model and the contemporary constructivist theories of career development.

It provides services to the following main target groups of mental health service users:

- People who are primarily interested in finding a job in the free labor market
- People who are primarily interested in finding a job in the free labor market, but they do not wish to disclose their mental health status to their employer due to fear of discrimination
- People who are primarily interested in finding a job in social co-operatives (KOISPE) or in attending training or education programs.

These three categories of mental health service users have different needs and, therefore, services have to be flexible enough in order to provide individualized support. A holistic approach was developed to provide effective services to users regardless of their preferences.

The "*Support for Employment*" office is staffed by four employment/career counselors and one mediator who provide assistance to users to identify and attain their career goals.

The "Bridges for Employment" project

"*Bridges for Employment*" was a multifaceted and elaborated project, which consisted of many interconnecting elements that worked at multiple levels. Some main actions of the project were the following:

- ☞ Fifteen supported employment units were created in the broader region of Athens in collaboration with fifteen other mental health organizations. Sixty mental health professionals were trained in supported employment (based on the IPS model) and, subsequently, staffed these units.
- ☞ Sixty people with mental health problems received services by the supported employment units and were placed in jobs in the free labor market. These jobs had many characteristics of transitional employments, as they were time-limited. The users were receiving support in order to address any difficulties that might arise in the workplace. One employee from each participating company of the free labor market was trained to become a "mentor" for users. The rationale for mentors is simple: Given the fear of the stigma, having someone, which the user could contact in case questions arise, constitutes a basic element for effective support. Additionally, the mentor would introduce the user to the other employees enabling and him/her to feel welcomed.
- ☞ The results were quite impressive as all the participants completed successfully the transitional employment period. According to the users' focus groups, they felt that the support they received was very important for maintaining their job. In addition, according to the employers' and mentors' focus groups, mentors felt their role in the company to be elevated and they were quite satisfied with users' efficiency. Six months after the program's completion almost 45% of the users were either in employment or attending a training program, while the majority of the remaining users did not wish to work in the free labor market due to fear of losing the disability benefits.

Despite the project's remarkable outcomes, after the end of its duration the majority of the supported employment units had to terminate their function due to lack of funds.

The WORK4PSY project

The WORK4PSY was an Erasmus+ KA202 project (Reference No.: 2019-1-DE02-KA202-006253) that was implemented between 2019 and 2022 with participants from Geramny, Greece

(PEPSAEE), Italy and Poland. The project aimed at (a) ensuring that professionals are able to empower, motivate and inform Young People with mental health problems, (b) reviewing the existing methodology for work integration for people with mental health problems and (c) developing the specialized methodology and tools career services that will answer the specific needs of Young People with mental health problems. More than 60 mental health professionals in Greece were trained in this intervention model.

Current situation of IPS in the country

At this point the main units that uses IPS is the "*Support for Employment*" office of PEPSAEE and 2-3 supported employment units that were created via the "*Bridges for Employment*" project.

The "*Support for Employment*" Office provides services to more than 300 mental health service users in a local level. The office is staffed with 4 career counsellors.

In 2023(March) two new units "*Day Centers for Psychosocial Support for Workers*" were created in the metropolitan area of Athens. Among other services these centers provide IPS intervention for mental health service users (although up to now they have less than 20 users).

Monitoring of programs and quality assurance

Up to now, each organization has established its own way of reviewing and assessing quality. The Greek Supported Employment Society (ELETYPE) has recently issued a guide for quality assurance and asked for its implementation. Nonetheless, the guide refers mostly to the five stage supported employment model, that many organizations dealing with people with cognitive disabilities use.

Development foreseen

The newly published National Plan for Mental Health (published by the Ministry of Health) foresees the stablishment of 7 supported employment offices for mental health service users operated by Social Cooperatives (KoiSPE). It has announced the launching of five such offices (using the IPS model) in Athens (3 of them), Thessaloniki and Patras. One of the offices in Athens will be addressed to people with autism.

The PEPSAEE developed and implemented an intervention model that combines the IPS model with contemporary career theories based on constructivism. Users are encouraged to explore the meaning that they attribute to work and career, and to construct or re-construct their perspective regarding their career stories. The PEPSAEE model encompasses the main characteristics of IPS, while giving emphasis in developing short and long-term career goals and in fostering career adaptability and resilience. Career counseling services focus on: (a) motivating the individual, (b) re-inventing the individual's current work history, (c) developing self-efficacy, career adaptability and resilience, (d) reconstructing dysfunctional thoughts and beliefs about their career, (e) training in

job search techniques, developing self-presentation skills, and (f) enhancing their vocational self-awareness so that they can choose the job or education that is right for them. With the help of the counsellor, the user formulates an action plan to achieve his/her work goals and the counsellor supports him/her in its implementation without any time limit. At the same time, there is a strong emphasis on cooperation with other mental health services and networking with employers, aiming to create a friendlier environment for the recruitment of mental health service users.

There is group counselling for informal caregivers, and peer support groups.

Research

- Drosos, N., & Theodoroulakis, M. (2019). Employment as an integral part of social inclusion: The case of mental health patients in Greece. In K. Scorgie & C. Forlin (Eds.) Promoting Social Inclusion: Co-creating Environments that Foster Equity and Belonging (pp. 221-237). UK: Emerald Group Publishing LTD. https://doi.org/10.1108/S1479-363620190000013017
- Drosos, N.(Ed.) (2022). Career Sevices for mental health NEETs: The WORK4PSY toolkit, Part B: The WORK4PSY career intervention model (pp. 15-28). PEPSAEE publications. Retrieved from https://work4psy.eu/wp-content/uploads/2022/11/WORK4PSY_Toolkit_PART_B_EN.pdf
- Drosos, N., & Tsampalati-Vakalopoulou, I (2019). Διερεύνηση του νοήματος της εργασίας σε άτομα με ψυχική νόσο: Είναι η εργασία απλώς ένας τρόπος αύξησης των εισοδημάτων; [Exploring the meaning of work for people with mental health illness: Is work just a means to increase the income? Επιθεώρηση Συμβουλευτικής & Προσανατολισμού [Review of Counselling and Guidance], 116-117, 66-80.
- Tsampalati- Vakalopoulou, I., Drossos, N., Kourtoglou, M., & Korfiatis, A. (2021). Εξ αποστάσεως υπηρεσίες επαγγελματικής συμβουλευτικής σε λήπτες υπηρεσιών ψυχικής υγείας κατά τη διάρκεια της πανδημίας COVID-19 [Remote career counselling services to mental health service user during the COVID-19 pandemic]. Επιθεώρηση Συμβουλευτικής & Προσανατολισμού [Review of Counselling and Guidance], 124-125, 88-107.

Address for correspondence

Nikos Drosos
Treasurer of the Board of Directors
Panhellenic Association for Psychosocial Rehabilitation and Work Integration (PEPSAEE)
Ipeirou 41, Athens, ZIP code 104 39
T. 210 8818946
F. 214 4120200
Web Site. www.pepsaee.gr
Email. info@pepsaee.gr, nikdrosos4@gmail.com

History of IPS in Iceland

Early 2013 Landpitali psychiatric and the Icelandic rehabilitation vocational fund or VIRK started their collaboration of IPS. In the beginning following the IPS model with young people dealing with severe mental illness, meaning age groups between 18 – 25. The first qualified IPS job came in November 2013 after the hiring of the first employment specialist supported by a clinical team at Landspitali.

Despite limited staff in the beginning the IPS work quickly drew attention from both clients and hospital staff. IPS steadily grew over the next years in Iceland and became a respected rehabilitation program with a particularly good outcome. During the early years other sections of the hospital wanted access to the program and for a limited time it was practiced at other departments of the hospital. But due to limited funding it did not progress. Today IPS is practiced at Landspitali by two full time Employment Specialist and one part time that is specializing in NIPS. These specialists serve two psychiatric departments and IPS has become well integrated and valuable program for those that work within these departments and the patients they serve.

In the beginning of 2019 Reykjavík welfare department started to implement IPS. The model at the welfare department at the beginning was focused on people with a low unemployment rate and a history of social welfare. The program is still going at the welfare department and the fidelity was scored in 2021. Since then, they have added more staff to it and is today a valid member of the IPS community in Iceland.

After the implementation of the IPS program at the welfare department the ideology gained even more attraction and soon became noticed by the ministry of health and the ministry of labor. In the autumn of 2022, the minister of labor created a committee with members from the working community and other stakeholders. The committee was set up to investigate a better outcome of directorate of labor concerning better access to the job market for everyone. One of the outcomes of the committee was to fund the directorate of labor in Iceland to implement IPS. The committee will be continuing its work to ensure a healthy job market that is accessible to everyone. In addition to that it will also focus on the importance of an open conversation on mental health in the workplace by creating better access to information.

The directorate of labor started formally working with IPS the first of September. With eight IPS advisors already training and working, located both in the capital area and around the country. All eight advisors have already started training at the IPS works.com. The IPS team is part of the advisory team at the directorate of labor and has valuable experience as employment specialist and personal support. This is a coalition of the directorate of labor, Landspitali, the confederation of Icelandic enterprise and VIRK rehabilitation fund.

Therefore, it is safe to say that the current situation of IPS in Iceland has a very bright future. Today a much larger group has access to IPS, there are more IPS specialists than before and more experienced teams behind them. There have been few fidelity reviews done in Iceland and

improvement is needed on that. With the creation of the IPS learning community in Europe, Iceland is more likely to follow the fidelity work of their neighbor countries.

Unfortunately, due to limited workforce there is little to no research done in Iceland so far. However, we are pleased to say that there is the first formal research on its way in Iceland.

Looking back over ten years there has been a significant change of access to the employment market for people with mental illness in terms of more knowledge and the importance of a diverse workplace.

History of IPS in Ireland

The IPS programme, a contemporary person centred approach to support people using mental health services to achieve recovery and lives of their own choosing, has been gaining impetus in Ireland for over two decades now and is now underpinned by a policy approach.

The right of individuals to find meaningful roles and particularly employment is a core principle of the recovery approach. IPS is recognised as an evidenced based approach to achieve the objective of finding employment for individuals in recovery. IPS is underpinned by policy and is included in the Irish Mental Health policy 'Sharing the Vision, A mental health policy for everyone' (2021), which states that sustained funding streams should be developed to allow agencies to work effectively together to get best outcomes for individuals using the IPS model.

IPS was first introduced to Ireland in 2013 in a limited number of pilot sites. This work was driven by Occupational Therapy Managers who championed IPS within each mental health service area In 2017 IPS was further developed through a Health Service and Philanthropy partnership through the HSE, 'Genio' Service Reform Programme' with IPS sites established across all mental health service regions. After positive 'Fidelity' Reviews and strong performance indicators IPS was introduced as a mainstream programme by the Irish Health Service (HSE) in 2021. There are currently 53 funded IPS sites across mental health service areas with a plan to incrementally increase the number of IPS sites in the coming years. Employment specialists are employed through a partnership with employment agencies and are part of community mental health teams demonstrating the value of a health service, community sector partnership approach. A Standard Operating Procedure is in place across all 53 sites, ensuring uniformity of service delivery throughout.

A data tool has been co-produced with IPS stakeholders and will gather data on 7 core data fields for IPS to inform the continued development of IPS. The tool became operational in January 2023 with 84 people existing into employment in the first two quarters of the year.

In collaboration with the national IPS community of practice the Irish mental Health Service plan to develop a strategic plan for the development and support of the IPS model in Ireland in 2024 with particular reference to promoting the IPS model in relation to Fidelity Reviews, training, and measuring outcomes of IPS in the Irish context.

The National Individual Placement and Support Steering group is working to ensure that IPS is available to every person using a Community Mental Health Team or Early Intervention in Psychosis team in the Republic of Ireland.

History of IPS in Italy

IPS was first introduced in Italy in 2003, when Rimini was one of the six sites of the first European EQOLISE RCT (Burns et al., 2007). In EQOLISE about 55% of cases got a job within the period of observation (controls 26%), the number of days worked, the number of hours worked and income were all significantly higher in the case arm. Quite interestingly, Rimini and Sofia (Bulgaria) were the two sites in which IPS scored best, in absolute terms and in comparison with controls. One possible explanation for this surprising result was that Italy and Bulgaria had much lower benefits for disability and unemployment than the other countries involved in the study (UK, Germany, the Netherlands, Switzerland), an effect of the so called "benefit trap". This made IPS even more appealing for Italy.

Given the excellent results showed by the study the Rimini local health trust administration ensured the continuation of the IPS program which, actually, is still active twenty years later. This pilot experience stemmed a regional program by the Regione Emilia-Romagna (where Rimini is, in Northern Italy, 4.5 million inhabitants) that in 2010 started to implement IPS in all its Departments of Mental Health. Currently all 41 mental health centres of the region have at least one IPS specialist embedded in the team and last year about 1.000 clients were in an IPS program in the region.

This experience raised much interest along the nation and several programs started in different regions: Treviso and Venice in Veneto, Lecco and Bergamo in Lombardy reached outcome measures of excellence, while several centres in Sicily, Lazio, Tuscany and Friuli-Venezia-Giulia are currently completing their implementation.

Unfortunately there is no central/national coordination of mental health services, in accordance with a general political system that acknowledges great autonomy to regions in health and social services planning and management.

Italy, namely the regional Emilia-Romagna experience, was the first to join the International Learning collaborative in 2012 and participated in many meetings in the USA, extremely useful to ensure quality and monitoring to the professional community. Thanks to this support, in 2016 the IPSILON association was founded with the aim of gathering the professional community, in order to ensure exchange and collaboration among IPS programs, provide training and accreditation, organize meetings and support research and international relationships.

Italy is also one of the partners that gave birth to the European Learning collaborative that meets in Rimini for the third time since its beginning.

Current situation of IPS in Italy

IPS is an official policy of Regione Emilia-Romagna and it is acknowledged as evidence based intervention in the mental health plans of Region Lombardy and Sicily. Furthermore several

centres along the peninsula practice IPS even in the absence of formal support by regional administrations. The implementation of IPS in Italy follows a bottom-up approach, typical of the countries with high degree of regional autonomy, like Spain. As a consequence, the landscape is rather patchy and irregular.

Region Emilia-Romagna is monitoring outcomes and ensures fidelity visits to all mental health centres. Beyond that, IPS is also implemented in some service for drug addiction and recently also in mental health centres for adolescents (Bologna and Ravenna). A pilot experience for clients with developmental disorders is giving good results in Piacenza. An experimental program was launched in Bologna to test the effectiveness of IPS for the general unemployed population. Two hundred persons unemployed for more than two years and enrolled in the general unemployment lists were proposed IPS and at the end of the first year of treatment showed rates of job reach and tenure similar to those obtained with the psychiatric population.

Monitoring of programs and quality assurance

Emilia-Romagna and the centres of excellence in Northern Italy (Lecco, Venice and Treviso) regularly monitor outcomes and provide fidelity visits and benchmarking. This network of high quality IPS programs developed an adaptation of IPS during the difficult situation of the pandemic in 2020, that ensured outcomes of about 50% also in the most troublesome time for work and social life.

IPSILON association runs every year several courses (basic and advanced) for the training, supervision and quality management of IPS programs, organizes an annual IPS Day (in 2023 there is the 6th in Rimini) and several actions to promote IPS across the country. Its activities were

Mental Health Centres: caseload 2020	1ST - Quarter	2ND - Quarter	3RD Quarter	4TH Quarter	Σ National
Caseload of IPS staff	829	874	886	935	
New enrollees in IPS programs	150	110	151	183	594
Working in competitive jobs	378	389	451	457	
New job starts	126	140	220	195	681
Enrolled in education programs	58	57	59	91	
Enrolled in education programs this quarter	34	33	35	56	
Working successfully in integrated competitive employment, transitioned off the IPS caseload	35	29	37	51	152
	46%	**44%**	**51%**	**46%**	

initially supervised by the International Learning Collaborative (Debbie Becker and Sarah Swanson) and currently are run in autonomy. The high quality network sends its data to the International Learning collaborative on a quarterly basis for comparison and benchmarking.

Development foreseen

IPS is attracting the interest of some public administration, of mental health departments and of several social enterprises.

Region Piedmont is financing six programs with labour funds in close integration with mental health departments and is considering the adoption of IPS as official policy in its social and health plans.

Sites that have completed training and are managing the implementation of IPS are: Pistoia (Tuscany), Bastia (Umbria), Rome 1 and Rome 4 (Lazio), Caltagirone (Sicily).

One interesting aspect consists in the fact that the leadership in developing IPS is gradually being transferred from the public mental health services to the social, labour and welfare services and to the social enterprises. Altogether the hypothesis of ensuring IPS-like supported employment to other population (physically and mentally disabled citizens, youth in difficult transition, migrants, developmental disorders, long term unemployed persons....) is gaining momentum.

Research

Although Italy was involved in the EQOLISE study and carried out this cornerstone piece of research, given the bottom up framework of IPS development in the country, the academy was marginally involved in this process. This seems to be changing and there is more and more interest in developing good quality research in the field.

A working group has been established at Bologna University (Department of Educational Sciences, Unit of work Psychology) and is currently examining the clinical-social characteristics and the outcomes of a cohort of 2.700 clients that received IPS in Emilia-Romagna (2015-2022).

Main studies already published are:

- Pelizza L, Ficarelli ML, Vignali E, Artoni S, Franzini MC, Montanaro S, Andreoli MV, Marangoni S, Ciampà E, Erlicher D, Troisi E, Pupo S, Fioritti A. (2020) Implementation of Individual Placement and Support in Italy: The Reggio Emilia Experience. Community Mental Health J. 56(6): 1128-1138.
- Rizza R, Fioritti A. (2020) Is individual placement and support an "active" labor market policy? Psychiatr Rehabil J. 43(1), 60-64.
- Fioritti A, Peloso PF, Percudani M (2016) "We can work it out". The Place of Work in Italian Psychosocial Rehabilitation. International Journal of Mental Health, 1; 51-58.
- Fioritti A, D'Alema M, Barone R, Bruschetta S. (2014) Social enterprises, vocational rehabilitation, supported employment: working on work in Italy. J Nerv Ment Dis. 202(6): 498-500.

- Fioritti A., Berardi D (a cura di) (2017) Individual Placement and Support. Manuale italiano per il supporto all'impiego delle persone con disturbi mentali. Bononia University Press, Bologna.
- Burns T., Catty J., Becker T., Drake R., Fioritti A., Knapp M., Lauber C., Roessler W., Tomov T., van Busschbach bJ., White S., Wiersma D., for the EQOLISE Group (2007) The effectiveness of supported employment for people with severe mental illness: a randomised controlled trial, The lancet, 370, 1146-1152.

Address for correspondence

Angelo Fioritti
President IPSILON Association
angelofioritti@gmail.com

Denise Manchisi
IPSILON Association, coordinator Fidelity and Quality programs
denise@studiomanchisi.it

Greta Mazzetti
Professor of Work Psychology – Bologna University
greta.mazzetti@unibo.it

IPSilon Secretariat
segreteria@ipsilonitalia.org

History of IPS in Moldova

IPS in Moldova is like a "one year old child" if we could use the analogy. This child is learning how to make his own steps and how could discover more about the world of IPS. But still need guidance and support from more experienced people. In other words, our journey with IPS started last year in 2022 when we wrote an email to Centre for Mental Health UK where we asked more information about IPS and help to understand this approach. Our wonderful colleagues from Centre for Mental Health and Social Finance answered at all our questions and invite us to discover more about IPS through a study visit in UK. So 3 people from Moldova had the opportunity to visit the UK and find out more about IPS and the UK's journey in implementing IPS programmes. We were very impressed by IPS opportunities, especially the experience in the context of people with mental health problems.

We should mention that over a span of nearly nine years Moldova's reshaping mental health landscape. Previously mental health services in Moldova were predominantly centred on inpatient settings, with limited community-based alternatives. Now in Moldova a novel community-based mental health care model was introduced, promoting collaboration among family doctors, community mental health centres, inpatient facilities, and psychiatric hospitals to effectively address various mental health conditions. A cornerstone of this transformation was the establishment of Community Mental Health Centers at the local level– hubs for psychosocial support, rehabilitation, and assistance for individuals facing mental health challenges. In this context, IPS is like a development of the new model of community care because offer opportunities to destigmatization and will create new alternatives for inclusion for people who face mental health issues. More this approach could be spread alongside and now in Moldova could be implement this.

Afterwards, our colleagues from UK came to the International Conference in Moldova and spread the words about IPS and promote the IPS approach to the psychiatrists, psychologists and psychotherapists.

Current situation of IPS in the country

Our colleagues from UK helped us and gave us the chance to translate the materials from IPS platform in Romanian. Until the Conference we will have the IPS materials available in Romanian. Moldova is now in the process of adapting IPS materials and guidelines to the country context. In the same time Moldova is going to design a training programme for specialists from Community Mental Health Centers (mainly social workers) and the territorial offices of employment. In Moldova there are 40 community mental health centers and 35 territorial offices of employment. Our plan is to train minim 80 people how to implement IPS programme for people with mental health problems.

Monitoring of programs and quality assurance:

Collection of data, outcome measurement, supervisions, fidelity visits.... In this regard we are at the start of the process, we do not have concrete actions until now.

Development foreseen:

About IPS approach in Moldova more relevant for our national context is to implement IPS for people with mental health problems because it could go hand in hand with reshaping mental health system and the specialists that could be involved are from community mental health services. Also we are going to invest and promote peer involving the reasons are the same as the results could show the empowerment of people with mental health issues and also it might be a good example of inclusion of this group.

History of IPS in Netherlands

Implementation of IPS in the Netherlands started in 2002 with a pilot and implementation became broader after 2014 due to a national funding source that had been opened by the National Employee Insurance Agency for people with severe mental illnesses. Nowadays IPS has been implemented by 32 mental health care organizations for a broad target group. With new regulations and by opening funding sources for municipalities as well in the beginning of 2023, we expect that the growth of IPS will be larger.

Current situation of IPS in the country

IPS is implemented on a national level in the Netherlands. Nowadays 32 mental health care organizations throughout the country is implementing IPS. IPS is funded by the national employee agency and by municipalities within all labour market regions in the Netherlands. Mental health care organizations which provide IPS are collaborating with the national employee agency and municipalities on a regional level to maximize the reach and provide themselves with the right funding to support people with mental illnesses. On April 1st 2023 we had 3,421 clients who were supported with IPS at that moment, and these clients are supported by 325 IPS specialists. On a yearly basis the estimation is that around 6,000 clients are supported with IPS. However, this number is rising every year.

Monitoring of programs and quality assurance:

The quality assurance of IPS on a national level is coordinated by Phrenos Center of Expertise. We facilitate organizations by organizing IPS trainings multiple times a year (both national IPS trainings and in-company trainings), conducting fidelity assessments every two years and by monitoring outcomes of IPS every three months.

Fidelity assessments are conducted every two years and are used for justification purposes: Every two years mental health care organizations have to show the National Employee Insurance Agency that they have reached at least a fair fidelity score. If they do not meet these standards they are not allowed to ask for funding to conduct IPS to clients through the National Employee Insurance Agency.

Furthermore, both fidelity scores and outcomes from the monitor are used to facilitate mental health care organizations into a cycle of quality improvement by making quality reports for each organization with both their outcomes and fidelity scores. Based on these quality reports we made a reader and a manual to help them interpret these findings and translate these into practice. This monitoring and quality improvement cycle is now extended in the Netherlands into a 'work monitor' in which we also give quality reports about IPS on a regional level and we also extend the monitoring and quality improvement cycle for other types of supported employment.

Development foreseen:

In the Netherlands we are currently involved into a variety of research and implementation projects for new populations, including: IPS for people cancer survivors, IPS for people with mild intellectual disabilities, IPS for people with traumatic brain injuries, IPS for refugees or status holders and IPS for veterans. We are also doing IPS for people with common mental disorders, but this is already broadly embedded into the implementation of IPS.

We are also tightly involved into better implementation of IPS for education purposes and we are discovering how to broaden our horizon for the implementation of IPS outside of mental health care, within the municipalities.

Research

- De Winter, L., Couwenbergh, C., Van Weeghel, J., Sanches, S., Michon, H., & Bond, G. R. (2022). Who benefits from individual placement and support? A meta-analysis. Epidemiology and Psychiatric Sciences, 31, e50.
- De Winter, L., Couwenbergh, C., van Weeghel, J., Bergmans, C., & Bond, G. R. (2020). Fidelity and IPS: does quality of implementation predict vocational outcomes over time for organizations treating persons with severe mental illness in the Netherlands?. Social Psychiatry and Psychiatric Epidemiology, 55, 1607-1617.
- De Winter, L., Bergmans, C., Couwenbergh, C., & van Weeghel, J. (2020). Individuele Plaatsing en Steun (IPS) in Nederland: praktijk en onderzoek. Participatie en Herstel, 2021
- Roeg, D., De Winter, L., Bergmans, C., Couwenbergh, C., McPherson, P., Killaspy, H., & Van Weeghel, J. (2021). iPS in supported housing: fidelity and employment outcomes over a 4 year period. Frontiers in Psychiatry, 11, 622061.
- Van Duin, D., De Winter, L., Kroon, H., Veling, W., & Van Weeghel, J. (2021). Effects of IPS plus cognitive remediation in early psychosis: 18-month functioning outcomes of a randomized controlled trial. Schizophrenia Research, 236, 115-122.
- Van Weeghel, J. & Michon, H. (2017). IPS werkt! Handboek werken en leren met Individuele Plaatsing en Steun [IPS works! Manual working and learning with Individual Placement and Support]. Coutinho: Nederland. Manual will be updated in 2023.
- van Weeghel, J., Bergmans, C., Couwenbergh, C., Michon, H., & de Winter, L. (2020). Individual placement and support in the Netherlands: Past, present, and future directions. Psychiatric Rehabilitation Journal, 43(1), 24.
- Development of a 'Stigma awareness training and refresh training for IPS specialists.

Address for correspondence

Lars de Winter, Phrenos Center of Expertise
e-mail: lwinter@kcphrenos.nl
Da Costakade 45 - 3521 VS Utrecht
Postbus 1203 - 3500 BE Utrecht

History of IPS in Norway

In the spring of 2012, the Norwegian Directorate of Health announced grant funding for the testing of IPS (Individual Placement and Support) in Norway.

Following an application process, six pilot projects were granted funding for the period 2012-2016. These six locations were Oslo, Vestfold (Sandefjord/Tønsberg), Hordaland (Bergen), Oppland (Hadeland/Gran), Akershus (Follo/Oppegård), and Hedmark (Elverum).

The primary objective for the six selected pilot projects was to test the IPS method in a Norwegian context. This included regular fidelity reviews. A steering committee consisting of leaders from both the Directorate of Health and the Directorate of the Labour and Welfare Administration (NAV) had overall responsibility for the project. The pilots showed promising results, and in 2018, IPS was incorporated into NAV's portfolio of labour market measures This led to the transition from a project to regular operations and permanent funding through the state budget. Over the following 2-3 years, the allocation in the state budget gradually increased, allowing IPS to eventually be offered in all counties. In 2021, a significant amount of funding became available, enabling us to expand IPS with approximately 90 employment specialists to support young adults in the IPS Youth initiative.

Current situation of IPS in the country

IPS is currently implemented within the NAV and the public healthcare (Specialized healthcare services and primary healthcare services).

NAV provides positions for employment specialists, supervisor, trainers and administrators. The agency is also responsible for IPS training and fidelity reviews.

All 12 counties/regions have their own IPS competency centers that support the local IPS services (about 90 IPS services).

IPS as a labour market measure is established in law and has its own regulations that legally govern the rights of the patient. FOR-2023-06-20-1073

There is also a cross-party agreement on further investment in IPS.

Centers ensuring IPS, number of clients treated, number of IPS specialists in activity

- 5 Center of excelens
- Ca. 260 IPS specialists and 72 team leaders
- Ca. 4100 clients currently served (August 2023)

Monitoring of programs and quality assurance

All IPS services provide monthly reports on outcomes. These reports include figures on the number of employment specialists, the number of participants, new participants, the number of

closed cases, and the results of these cases (e.g., whether they resulted in employment, education, benefits, or if closure was due to illness, etc.). These reports are valuable for tracking IPS progress nationally, while counties can monitor their own developments in the same reports. Some of the figures are also used to report results to the ministry.

We have gradually transitioned from regular fidelity assessments to having the services conduct self-assessments, with trained support staff who have a good understanding of the scale. We collect scoring from alle the fidelity reviews. These data have not been used for any analyses yet, but, along with self-reported outcomes, they have great potential. IPS trainers are expected to maintain regular contact with the services in their region and contribute to support and development. Some of them can also be valuable aids in self-assessments.

IPS Work trail app – Salesforce

Development of the Work Trail App, an application to document the follow-up by the employment specialists. In this app, the job specialist documents everything required for the follow-up of participants according to the IPS method. Furthermore, the team leader can show reports to conduct effective guidance, both individually and within the team. All the data points in the app can be used to extract statistics, such as the number of meetings with employers, time spent outside, etc.

Development foreseen

From the beginning, we have offered IPS to individuals with moderate and severe mental disorders as well as individuals with substance abuse disorders. This is still the main target group.

With the implementation of IPS for young adults - "IPS youth" (16-30 years) on a larger scale in 2021, the target group also includes young adults who have not yet received a diagnosis, but who have complex mental health issues or substance use challenges and are receiving treatment within the healthcare system. With the IPS youth project the focus is also somewhat more on education and training. We are using the new IPS-Y scale to review the IPS youth programs.

We have transitioned the fidelity measurements to self-assessments. The initial goal was cost savings, but we also see that this can provide a better understanding of the scale's content and improve organizational learning.

Research

Institutes involved, main articles or book published.

- Efficacy evaluation of IPS for moderate/severe mental disorders: https://pubmed.ncbi.nlm.nih.gov/30074050/
- Long-term effect of IPS for moderate/severe mental disorders: https://pubmed.ncbi.nlm.nih.gov/33465601/

- Long-term effect of IPS for common mental disorders: https://oem.bmj.com/content/oemed/75/10/703.full.pdf
- First study in the world investigating the efficacy of IPS for chronic pain: https://pubmed.ncbi.nlm.nih.gov/35234931/

Address for correspondence

Norwegian Labour and Welfare Administration (NAV):

- Anne Lise Lunder Arvesen, *senior advisor*, Anne.Lise.Lunder.Arvesen@nav.no
- Kine Nan Lium, *senior advisor*, Kine.Nan.Lium@nav.no

History of IPS in Portugal

In Portugal the ips model was not developed, however, the history of supported employment dates back to the 90s as we will see.

In the area of vocational rehabilitation, projects of vocational training, sheltered employment, supported employment and social firms have emerged since the early 1990s, with the support of community funds and the Institute for Employment and Vocational Training (IEFP), opening the way for the professional rehabilitation of people with psychiatric disabilities (http://www.hmlemos.min-saude.pt/docs/PNacSM2007.pdf).

The 90`s marks the beginning of the supported employment model implementation in Portugal, highlighting the contribution of AEIPS (IPSS) for people with psychiatric disabilities and RUMO (Social Solidarity Cooperative) for people with disabilities. Between 1992-1994 the Horizon Program made a decisive contribution to the development of the Supported Employment model in our country, allowing the realization of projects in partnership with other European countries. It gave rise to EUSE (1993) - European Union of Supported Employment which is a non-governmental organization, recognized by the European Commission and which brings together and represents this movement in Europe. The dynamics generated by this project led to the creation of the Portuguese Association of Supported Employment (APEA) (http://www.empregoapoiado.com/).

The first Portuguese supported employment conference in FIL tooked place in 1993, promoted by AEIPS, with the collaboration of RUMO, with the participation of numerous representations of several European countries and the USA.

In 1994 APEA - Portuguese Supported Employment Association is created. Its goals are the development and dissemination of this methodology, investing primarily in the areas of research, professional training and processes of improvement and quality certification. The

adhesion of the business associations to this organization has allowed to consolidate this fundamental strategic partnership and to deepen the themes of diversity and corporate social responsibility (http://www.empregoapoiado.com/). Between 2004 and 2007 -Supported Employment Project - Equal Community Initiative (2006), extended the model to other groups at a disadvantage. Nautilus Project - Community Initiative Equal - the mission of this project, called Supported Employment (2006), is the generalization of the Supported Employment model, increasing access to the open labor market of disadvantaged people. Law 290/2009 It establishes the technical and financial concession regime for the development of employment policies and support for qualification and enshrines the various forms of professional integration of people with disabilities. (https://dre.pt/application/file/a/491623, retrieved on 11/17/2016).

Specifics of AEIPS' supported employment program, as found in Shinn (2014), are that users are individually integrated in a variety and non-limited set of jobs according to their choice, where information about options and requirements is provided, as well as an individualized ongoing

support for decision making and maintaining successfully the participant's goals. In AEIPS' supported employment program, users control the planning, implementation and evaluation of their own employment project, giving people with psychiatric disabilities the same chance of individually integrating regular jobs in normalized settings as the majority of people enjoy (Ornelas et al. 2014).

Current situation of IPS in the country:

The AEIPS supported employment program began in 1991. The supported employment model was integrated into the Portuguese policies through the Employment and Professional Training Institute and the Qualification for People with Disabilities. This allows everyone to have access to employment, with technical support and monitoring, facilitating the entire integration process in common companies, contributing to social inclusion.

Portugal is the second country in Europe that prioritizes this topic the most. 84% of employees believe that their organization should pay more attention to diversity and inclusion in companies, with 75% of professionals considering it important to work in a company that values diversity and inclusion. However, 55% of companies admit that they do not have a policy to promote diversity and inclusion (diversidade & inclusão nas empresas portuguesas 2022).

The collaboration protocol signed with the employment and professional training institute was a precursor to this institution's support for training and professional integration actions aimed at people with mental illness.

In the last five years, the AEIPS supported employment program supported 720 people in their professional integration processes.

Monitoring of programs and quality assurance

In Portugal there is specific legislation regarding supported employment, however there are no specific policies or legislation regarding IPS.

Development foreseen

Presently, Supported Employment is an international movement to defend the human rights of people with disabilities and mental illness and other groups at a disadvantage.

Research

- https://www.researchgate.net/publication/295830999_Discrimination_in_the_workplace_reported_by_people_with_major_depressive_disorder_a_crosssectional_study_in_35_countries
- Silva, A. R. P. D. (2016). A integração comunitária de pessoas com experiência de doença mental através do emprego apoiado–Estudo Comparativo.
- Fernandes, L. M. G. R. S. (2015). A Promoção do Empowerment Através da Habitação Independente e do Emprego Para Pessoas com Experiência de Doença Mental (Doctoral dissertation, Instituto Superior de Psicologia Aplicada (Portugal).

Address for correspondence

emprego.apoiado@aeips.pt

History of IPS in Spain

The first experience implementing IPS could be found in Tenerife, by a public organization aimed at reaching people with disabilities needs, which early adopted IPS as an effective strategy to obtain employment for people with mental health disorders (Rodríguez Pulido, 2009; 2010, 2018). Later, a regional pilot project in Catalonia (2013-2017), supported by the regional government, and the IPS Employment Center, adapted their already settled vocational employment programs to implement IPS, shifting their practices and participating in IPS training and fidelity reviews, while monitoring quarterly main results indicators (Hilarion et all, 2020).

Around these first experiences, some interest was created and training about the IPS model was spread out in other regions between 2018 and 2022 (such as Murcia and Madrid).

As a result of participating in 2021 in the collaborative project Scaling up IPS among Europe with other countries, an IPS Spanish Network was created, as a key tool to share, learn, and cohesion professionals and teams working with the IPS model, updating research, and improving practices. The first face-to-face meeting was held in Tenerife (2022). Some goals for this emerging network are:

- Linking isolated organizations with each other to share knowledge and experience on IPS and explore further opportunities for funding the model across Spain.
- Sharing documents and news from International and European networks, as other organizations do not have contact with other IPS programs around the world (avoiding language barriers).
- Reducing inequities in services, training, and development, due to the fragmented context.
- Searching and participating in funding opportunities together, and research and dissemination activities too.

Current situation of IPS in the country:

Spanish context maintains the main institutions, security system, and legal framework from the first steps with IPS, years ago: there is a common universal framework regarding health, social security system, and employment. There exists decentralization at a regional level, and as a result, each autonomous community has its own system, programs, and service networks, which makes each region operate very separately and limits the uptake of the approach.

Furthermore, different types of programs related to work co-exist: vocational services, pre-labor services, shelter work programs, etc. Some programs are deeply rooted in the "train and place" model, and have specific inclusion criteria: clinical stability, no current substance use, adherence to treatment, illness consciousness...

Public funding is based on annual bids regarding all kinds of disabilities, and some programs have difficulties keeping regular funding to give continuity to employment programs, especially

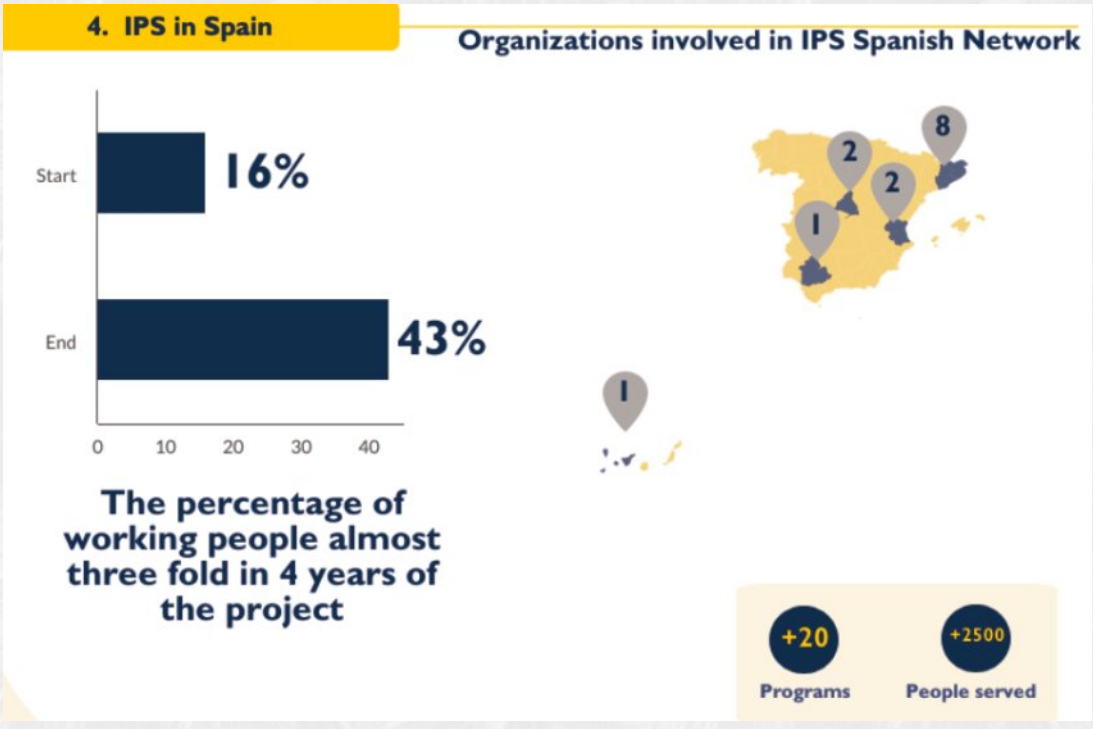
those for competitive employment (as shelter work or pre-labor services have specific and continued funding). It adds the complexity of having different reporting indicators for different funding sources. As a result, IPS providers are represented by private and public organizations and funding is provided from a very different and fragmented source in each region.

Currently, the IPS Spanish Network integrates 13 different organizations that run around 20 programs. The number of sites providing IPS depends on the region, and the provider, with high variability among them: some programs are starting to implement IPS, while others have a long experience with it, resulting in very different levels of IPS knowledge and experiences, within a diverse environments and conditions. External fidelity reviews are not regularly implemented, due to the lack of specific funding and requirements from governmental instances. The impact of the network may evolve at the time new organizations raise interest in IPS to improve their own practices and offer better services to users since participation in this network is completely voluntary for organizations.

Currently, the network includes Catalonia (8 organizations that participated in the pilot project), the oldest program in Tenerife, 2 organizations from Madrid that provide IPS either for youth or adults; one in Valencia, and one in Seville, with partial implementation.

Providers of IPS in Spain

The folowing figure shows the level of involvement of organizations in the IPS Spanish network.



Monitoring of programs and quality assurance:

Spanish implementation follows a bottom-up model, started mainly by organizations providing IPS programs. During the IPS pilot project in Catalonia, external fidelity reviews were done on a regular basis (every 6 months up to reach good fidelity), and quarterly outcomes were monitored and followed up by a committee. After this experience, programs kept running with IPS principles, and others started following them partially, facing different difficulties in their context.

Development foreseen

In next future, sites will evolve in applying IPS in adults and also in youth population, facing identified challenges, such as stakeholder engagement at regional and national levels wherever possible, raising awareness and understanding of the IPS model; continuing to explore different sources of funding; ensuring staff training and quality assurance support. New organizations are approaching the IPS network from different Spanish regions, which may boost the implementation of IPS around the country for people who may need this type of approach.

Research

Avedis Donabedian Research Institute and Universidad de la Laguna together with Sinpromi S.L. developed research in the last years related to employment in people with mental health conditions and IPS programs, considering effectiveness, implementation process, and the IPS impact on non-vocational outcomes. Other research groups are trying to get funds for the implementation of IPS and research.

Articles published

- Rodríguez Pulido, F., Caballero Estebaranz, N., González Dávila, E., Melián Cartaya, M.J.. Cognitive remediation to improve the vocational outcomes of people with severe mental illness. Neuropsychol. Rehabil. 2021; 1–23. DOI: 10.1080/09602011.2019.1692671
- Hilarión, P., Koatz, D., Bonet, P., Cid, J., Pinar, I., Otín, J. M., Espallargues, M., Molina, C., & Suñol, R. (2020). Implementation of the individual placement and support pilot program in Spain. Psychiatric Rehabilitation Journal, 43(1). https://doi.org/10.1037/prj0000398
- Rodriguez Pulido, F., Caballero Estebaranz, N. Oramas Pérez, D. León Palacín, C. . Review of individual placement and support (IPS) studies and results on health status of people with long-term mental disorder and competitive employment. Journal of Translational Science. 2020; Volume 7: 1-12. DOI: 10.15761/JTS.1000398
- Sunol, R., Koatz, D., Bonet, P., & Hilarión, P. (2017). Mental Health Social inclusion through Job Placement: Implementing IPS in Spain. International Journal for Quality in Health Care, 29(suppl_1), 60–60.
- Rodriguez Pulido, F., Caballero Estebaranz, N., Oramas Pérez, D. Short Review of Self-Esteem

Components with Individual Placement and Support (IPS) Strategy in People with Severe Mental Illness. international journal of neurorehabilitation, 2017; 4, 1-5. DOI: 10.4172/2376-0281.1000297

- Rodríguez Pulido F., Caballero Estebaranz N., Tallo Aldana E., et al . Efectividad de una estrategia de apoyo individualizado al empleo para personas con trastornos mentales graves. Gaceta Sanitaria 2017;32(6), 513-518. https://doi.org/10.1016/j.gaceta.2017.05.007
- Rodriguez Pulido, F., Caballero Estebaranz, N . Oramas Pérez, D. Los estudios sobre la estrategia IPS e el logro de empleo ordinario para las personas con trastorno mental grave. Rev. Asoc. Esp. Neuropsiq. 2017; 37(131): 145-16. ISSN 2340-2733
- Koatz, D., Hilarión, P., Bonet, P., & Sunol, R. (2016). Integrated care for mental health social inclusion through job placement: Implementing IPS in Spain. International Journal of Integrated Care, 16(6), 207. https://doi.org/10.5334/ijic.2755
- Fioritti, A., Burns, T., Hilarión, P., van Weeghel, J., Cappa, C., Sunol, R., & Otto, E. (2014). Individual placement and support in Europe. Psychiatric Rehabilitation Journal, 37(2), 123–128. https://doi.org/10.1037/prj0000065

Address for correspondence

Debora Koatz: dkoatz@fadq.org

History of IPS in Sweden

The development of the IPS practice in Sweden pretty much corresponds to a bottom-up model of implementation. It took off in 2008 in the south of Sweden (Malmö), a year after the IPS European IPS (EQOLOSE trial) was published in the Lancet. The idea was to benchmark the results in relation to the Swedish context and soon contacts were made with IPS trainers from UK who had previously done a great job in the European trial. Before this, Supported Employment was occasionally practiced by handling officers at the Public Employment Service at job sites, however, not targeting the severely ill. Also, an outpatient psychosis rehab clinic in Gothenburg took inspiration from IPS even then.

The experiences from the Swedish trial were critical for the start and growth of the IPS Learning community in Sweden. An IPS commissioned education came out of it and was arranged at Lund University with a national intake (2012-). Service users, employment specialists, case managers and researchers from the trial shared experienced knowledge together with research evidence to inform future employment specialists and trainers. Simultaneously, the Swedish National Board of Health and Welfare published national guidelines for how to best care and support persons with schizophrenia and psychosis, who prioritised IPS and provided with project funding for about 30 Social Services contexts to implement IPS. Researchers from the Malmö trial and CEPI* were hired to study the implementation of IPS for 2 years (2012-2014). During this six-year process of education and implementation efforts, a Swedish IPS network was created which continuous to grow today.

Current situation of IPS in the country

No systematic adoption and monitoring are done centrally to realise IPS (system level). As mentioned, government agencies provide with national guidelines, some project funding support, and translation of supportive tools like manuals and fidelity scales available which subsequently was adapted to the Swedish context in 2022.

On the regional level, decisions on organising the implementation of IPS in the hub of the organisations are neither taken. Formal and informal structures prohibit the recovery-oriented and integrated approach of IPS to trickle down to the sectorised welfare system of Mental Health Services, Public Employment Services, Social Insurance Agency, and Social Services in Municipalities.

This means that some IPS teams at the local level are likely to come and go as projects, as a plus-menu with external funding.

Today, however, about 300 employment specialists have been trained, and about 13 IPS contexts are fully operational and funded within Social Services, who keeps sending new staff to IPS commissioned education. Smaller units are continuously being developed but real implementation structures and in-house funding vary. Within the Mental Health Services, employment specialists

often get hired in case management teams of Flexible and/or Assertive Community Treatment (FACT/ACT) where IPS forms part of the manualised practice. Generally, IPS often becomes adapted to each organisation and organisational demands, with a stepwise logic and medical model of disability. Financing models for co-commissioned services among sectors have also been studied, but not yet practiced.

Monitoring of programs and quality assurance

Collection of data are done locally and focuses on employment and education outcomes. No national or regional administration or funding for fidelity reviews are available. Fidelity experts from the IPS network are educated (commissioned education) to review IPS Fidelity locally (part of their exam) and may regularly help each other out as external reviewers to assure quality delivery (e.g., 6,12 18 or months). Supervisors may help each other out in the same way, across contexts.

Based on the IPS Fidelity reviews yearly (commissioned education), most IPS Fidelity scores in Social Services corresponds to Fair Fidelity (74-99), but some reach Good Fidelity (100-114). This estimation is in line with previous implementation research. The key issues regard the integration of IPS with mental health treatment, job-development and frequent and quality contact with employers and attaining competitive employment. The IPS Fidelity scores in Mental Health Services teams may reach Good or Excellent Fidelity (115-125).

As indicated, the local monitoring of IPS have nourished the Swedish IPS Learning community which now holds a broad and rich knowledge base. The IPS network is becoming more operational and is in dialogue with government actors as we speak to coproduce new arenas for implementation.

Development foreseen

Populations foreseen that benefit from IPS in Social Services are persons with neuropsychiatric conditions, comorbidity, depression, bipolar disorders, and psychosis (size-wise in that order). Since Mental Health Services follow the national guidelines stricter, the situation is rather reverse due to the robust research evidence for persons with psychosis. Forensic psychiatry, first episode psychosis teams and adolescents/young adults are other populations gaining interest. But the picture is scattered, who gets what and where.

Two Swedish trials have studied the effectiveness of IPS for persons with psychosis and common mental disorders. However, experienced knowledge, implementation and delivery and receipt of IPS is critical to understand methodological and context adaptions. Coproduction research on the development of mWorks, a self-management tool to support and empower participants, is in the loop. The necessity to support the work and study identity development among young adults is also key. Thus, a sharp development of a Supported Education knowledge base to support a career-oriented recovery for this group is also in progress, a vital feature to integrate into IPS more systematically. During this process, additional Supported Education principles are developed to

promote a supportive social environment critical for the young while they become a student. Recently, a trial about IPS for alcohol and drug addiction in a Swedish context trial, the IPS-ADAS trial, has been funded and hit it off in the City of Stockholm just now (2023).

Research

Research is mainly performed by the interdisciplinary research network of CEPI (Center for Evidence Based Psycho-social Interventions (www.cepi.lu.se). Six dissertations and about 43 studies are performed and often coproduced with the IPS-network and service users.

Selected publications

- Bejerholm U, Areberg C, Hofgren C, Sandlund M, Rinaldi M. Individual Placement and Support in Sweden - a randomized controlled trial. Nordic Journal of Psychiatry. 2015; 69(1): 57-66
- Bejerholm U, Larsson ME, Johanson S. Supported employment adapted for people with affective disorders - A randomised controlled trial. Journal of Affective Disorders. 2017; 207: 212-220
- Bergmark M, Bejerholm U, Markström, U. Critical components in implementing evidence-based practice - A multiple case study of Individual Placement and Support for people with psychiatric disabilities. Social Policy & Administration. 2018; 52(3): 790-808
- Carlsson Stylianides K, Bejerholm U, Denvall V, Knutagård V, Johanson, S. Implementation structures at work. Exploring implementation and de-implementation attempts regarding Housing First and IPS. Social Policy & Administration. 2022; 56(4): 617-631
- Engdahl P, Svedberg P, Bejerholm U. Acceptability of a digital return-to-work intervention for common mental disorders: a qualitative study on service user perspectives. BMC Psychiatry. 2021; 21(1): 1-12.
- Hasson H, Andersson M, Bejerholm U. Barriers in implementation of evidence-based practice: Supported employment in a Swedish context. Journal of Health Organization and Management. 2011; 25(3): 332-345.
- Hillborg H, Lövgren V, Bejerholm U, Rosenberg D. Integrating interventions that can support a career-oriented recovery for young adults: Building on the supported education knowledge base. Journal of Psychosocial Rehabilitation and Mental Health. 2020; 8(1): 35-60.
- Lexén, A, Emmelin, M, Bejerholm, U. Individual Placement Support is the keyhole: Employer experiences of supporting persons with mental illness. Journal of Vocational Rehabilitation. 2016; 44(2): 135-147
- Liljeholm U, Argentzell E, Hillborg H, Lövgren V, Rosenberg D, Bejerholm U. The journey to my student identity: A grounded theory study on supported education for young adults with mental health problems. Journal of Psychosocial Rehabilitation and Mental Health. 2021; 9(2): 203-219

Address for correspondence

ulrika.bejerholm@med.lu.se
helene.hillborg@rvn.se

History of IPS in Swizerland

IPS first appeared in Switzerland in 2002 in Bern, where a randomized-controlled trial was published in 2012. Shortly afterwards, Zurich began using IPS as part of the EQOLISE study conducted in 2003. In the canton of Vaud, IPS was implanted in Lausanne in 2009, and in 2014 in Montagny-près-Yverdon, Prangins and Montreux. Geneva has created its own IPS program dedicated to young adults with early-onset psychic disorders.

Current situation of IPS in the country

Compared with the US, where IPS program was developed, the Swiss labor market is characterized by higher educational standards, fewer entry-level jobs, and difficulty laying off workers, all of which undermine IPS effectiveness. In addition, the Swiss Disability Insurance system increasingly assigns patients with mental illness to prevocational training programs. As a result, people with mental disorders may only be eligible for supported employment if they have a work capacity of at least a 50%. Plus, few mental health treatment teams exist; psychiatrists treat most people with severe mental illness in their own practices. IPS standards are therefore difficult to implement in Switzerland. For this reason, an IPS fidelity scale adapted to Switzerland has been developed but it is not yet fully operational or validated.

Our team in the canton of Vaud is composed of four IPS centers: Lausanne, Montagny-près-Yverdon, Prangins and Montreux, with a total of 16 job coaches and 9.8 full-time equivalents, over 100 clients in treatment and more than 1'000 treated since the implementation of IPS into the team.

Monitoring of programs and quality assurance

The secretary enters clients' baseline data provided by the care seeker into our ACCESS database. Every three months, the team's research fellow collects data from the IPS job coaches regarding their entire cohort. Data collected:

At baseline:

- Age
- Origin of intervention request
- Social status
- Educational level
- Vocational activity within the past 12 months
- Psychiatric diagnosis
- Substance use

Every 3 months:

- Intervention goal (find or keep a job or training)

- Professional status
- Source of income
- Amount of income
- Activity rate
- Number of days worked
- Number of weeks worked
- Time to first job or training position

Post-intervention:

- Cause of intervention interruption
- Functional limitations

Job coaches receive individual monthly supervisions from our IPS supervisor. They also benefit from group supervisions specific to the management of personality disorders every month by a specialized psychiatrist.

Fidelity visits are organized every two years. Unfortunately, these visits are not as frequent as we would wish as there are no French-speaking IPS teams nearby and the COVID-19 pandemic prevented us from traveling for the last years. However, over the time, we have established a partnership with the Marseille (France) and Charleroi (Belgium) IPS teams to visit and assess each other fidelity.

Development foreseen

Our center has a waiting list for IPS and give priority to young people trying to enter apprenticeships.

We are currently running a pilot project with migrants. We also have PhD student whose work focuses on IPS for people with personality disorders. In this context, the team has been trained to the Good Psychiatric Management for borderline personality disorder (BPD), to facilitate the practice of job coaches and help BPD patients access and retain employment more easily. To this end, we invite a psychiatrist specialized in BPD to supervise the team as a group every month.

Research

Our IPS team is part of Lausanne University Hospital and collaborates closely with the University of Lausanne.

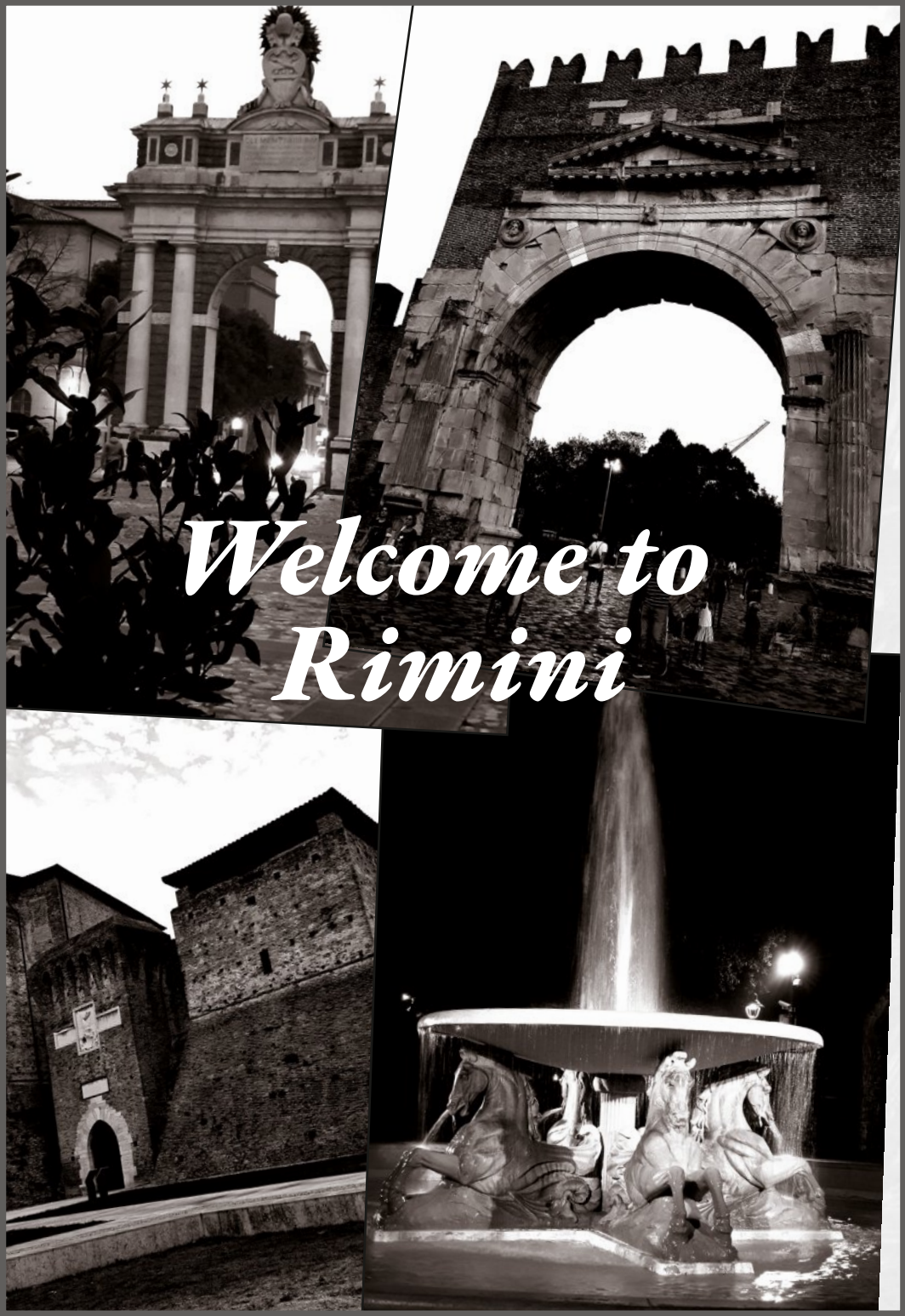
Articles published

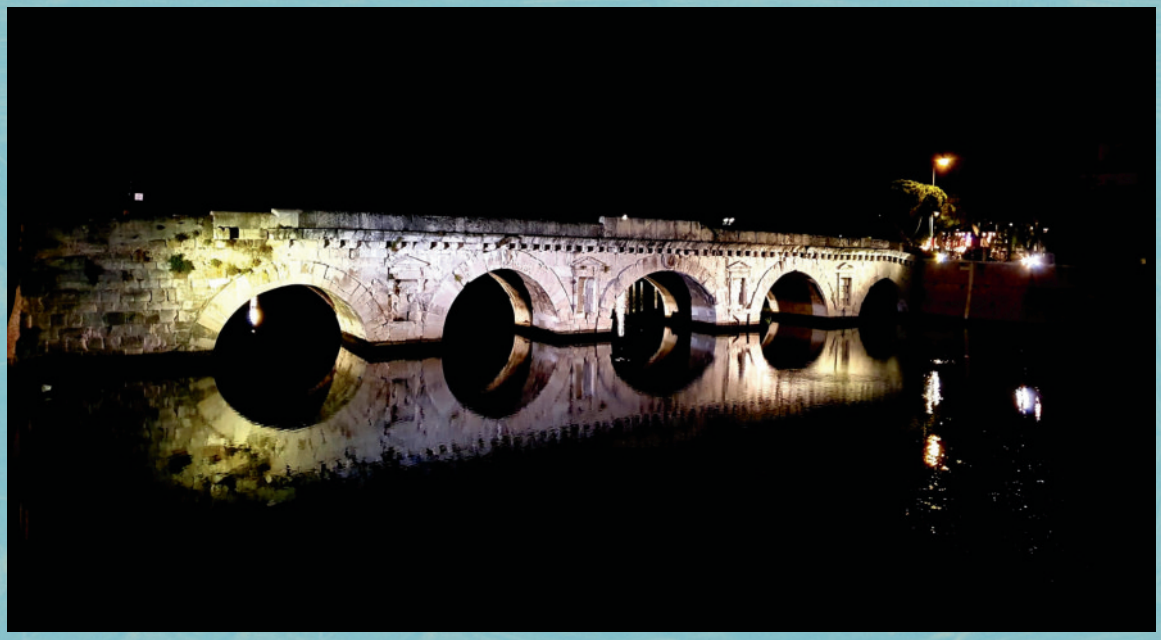
- Dunand, N., Golay, P., Bonsack, C., Spagnoli, D., & Pomini, V. (2023). Individual placement and support effectiveness for personality disorders compared with other mental disorders: A retrospective study. Swiss Archives of Neurology, Psychiatry and Psychotherapy, 174(1). https://doi.org/10.4414/sanp.2023.03301

- Spagnoli, D. (2018). « Ressort » : Réinsertion et santé mentale ["Ressort": Rehabilitation and mental health]. Sécurité sociale CHSS, 2.
- Dutoit, M., Spagnoli, D., & Besse, C. (2017). Une expérience suisse de soutien à l'emploi pour personnes souffrant des troubles psychiques [A Swiss experience of supported employment for people with mental health problems]. Psychiatrie & Neurologie, 2, 13–15.
- Besse, C., Silva, B., Dutoit, M., & Bonsack, C. (2016). Soutien individuel à l'emploi (IPS) vaudois [Vaud Individual Placement and Support (IPS)]. Swiss Archives of Neurology, Psychiatry and Psychotherapy, 167(7), 215–221. https://doi.org/10.4414/sanp.2016.00434
- Dutoit, M., Besse, C., Hausmann, P., Spagnoli, D., & Bonsack, C. (2014). Une expérience de soutien à l'emploi pour les personnes souffrant de troubles psychiques en Suisse romande [An experience of supported employment for people with mental health problems in French-speaking Switzerland]. Revue Médicale Suisse, 10, 1711–1714.
- Favre, C., Spagnoli, D., & Pomini, V. (2014). Dispositif de soutien à l'emploi pour patients psychiatriques : Évaluation rétrospective [Supported employment for psychiatric patients: Retrospective evaluation]. Swiss Archives of Neurology and Psychiatry, 165(7), 258–264. https://doi.org/10.4414/sanp.2014.00292

Address for correspondence

daniele.spagnoli@chuv.ch


Welcome to
Rimini



Welcome to Rimini

a 2026 candidate city as "Italian Capital of Culture"

Capitale italiana della Cultura Candidata 2026

rimini

Scientific Committee

Gary Johnston, Hlynur Jonasson, Angelo Fioritti, Dorothea Jaeckel, Debora Koatz, Lars De Winter, Ulrika Bejerholm, Sonia Abelanskingelo.

Local Organizing Committee

Nerina Dall'Alba, Fabio Albano, Anna Pagani, RiccardoSabatelli, Antonella Mastrocola, Vittorio Betti.

with the patronage of

Comune di Rimini

RegioneEmilia-Romagna

SERVIZIO SANITARIO REGIONALE
EMILIA-ROMAGNA
Azienda Unità Sanitaria Locale della Romagna