Second virtual European IPS Meeting 22nd June 2021 by ZOOM

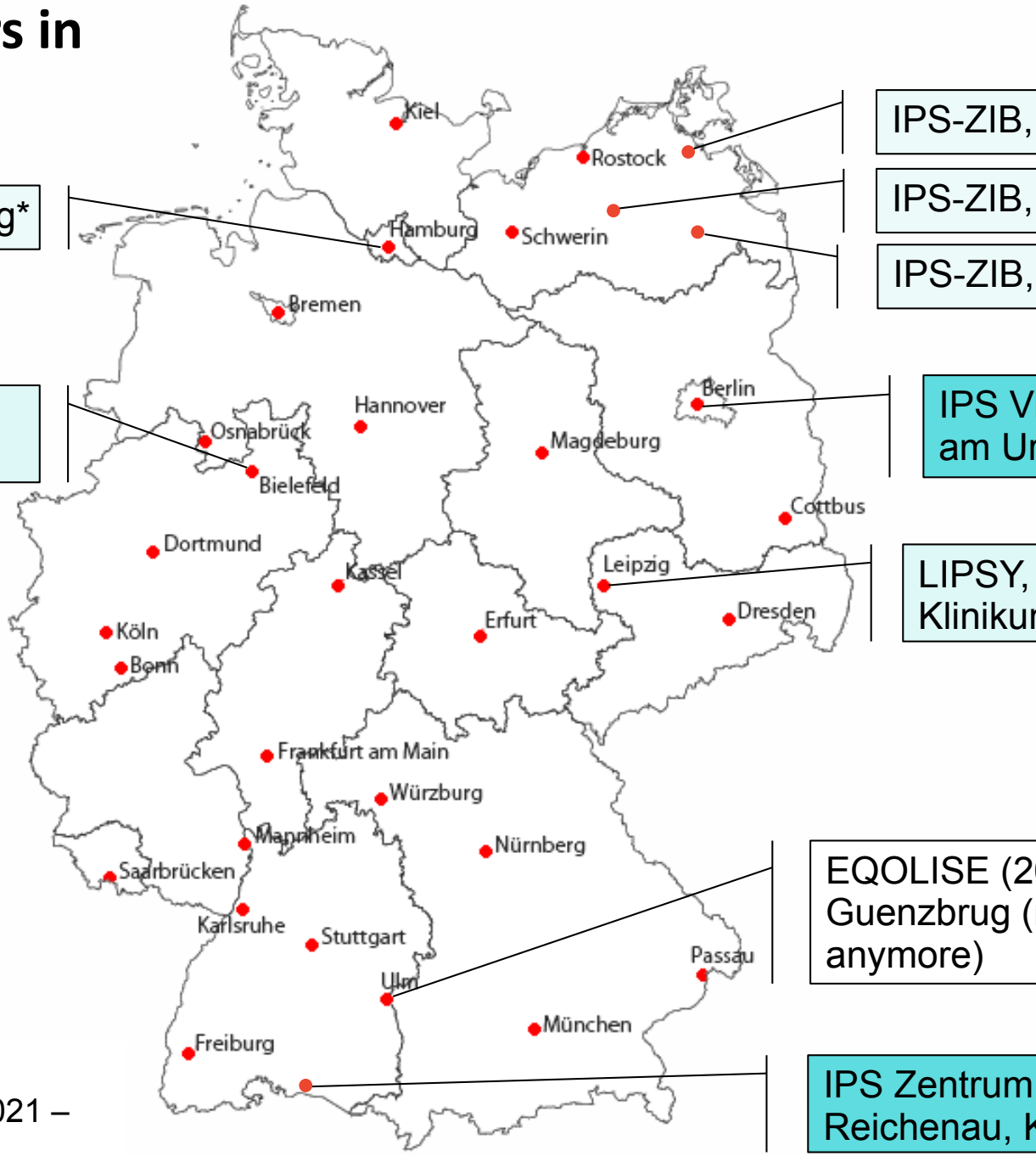
Germany

Dorothea Jäckel, Berlin

Supervisor of IPS at Klinikum am Urban, research associate, Co-investigator IPS-AT RCT

dorothea.jaeckel@vivantes.de

IPS providers in Germany



ARINET, Hamburg*

IPS-ZIB, Greifswald*

IPS-ZIB, Röbel/Müritz*

IPS-ZIB, Neubrandenburg*

IPS-ZIB Klinikum Bethel, Bielefeld*

IPS Vivantes Klinikum am Urban, Berlin

LIPSY, Helios Park Klinikum, Leipzig*

EQOLISE (2002), Ulm-Guenzbrug (not active anymore)

IPS Zentrum für Psychiatrie Reichenau, Konstanz

*) ongoing studies, expected results 2021 – 2026

Overview of IPS in Germany I

Scale of IPS provision

IPS is mainly provided by psychiatric hospitals with service obligations or by vocational rehabilitation services in collaboration with a psychiatric hospital (ARINET, Hamburg)

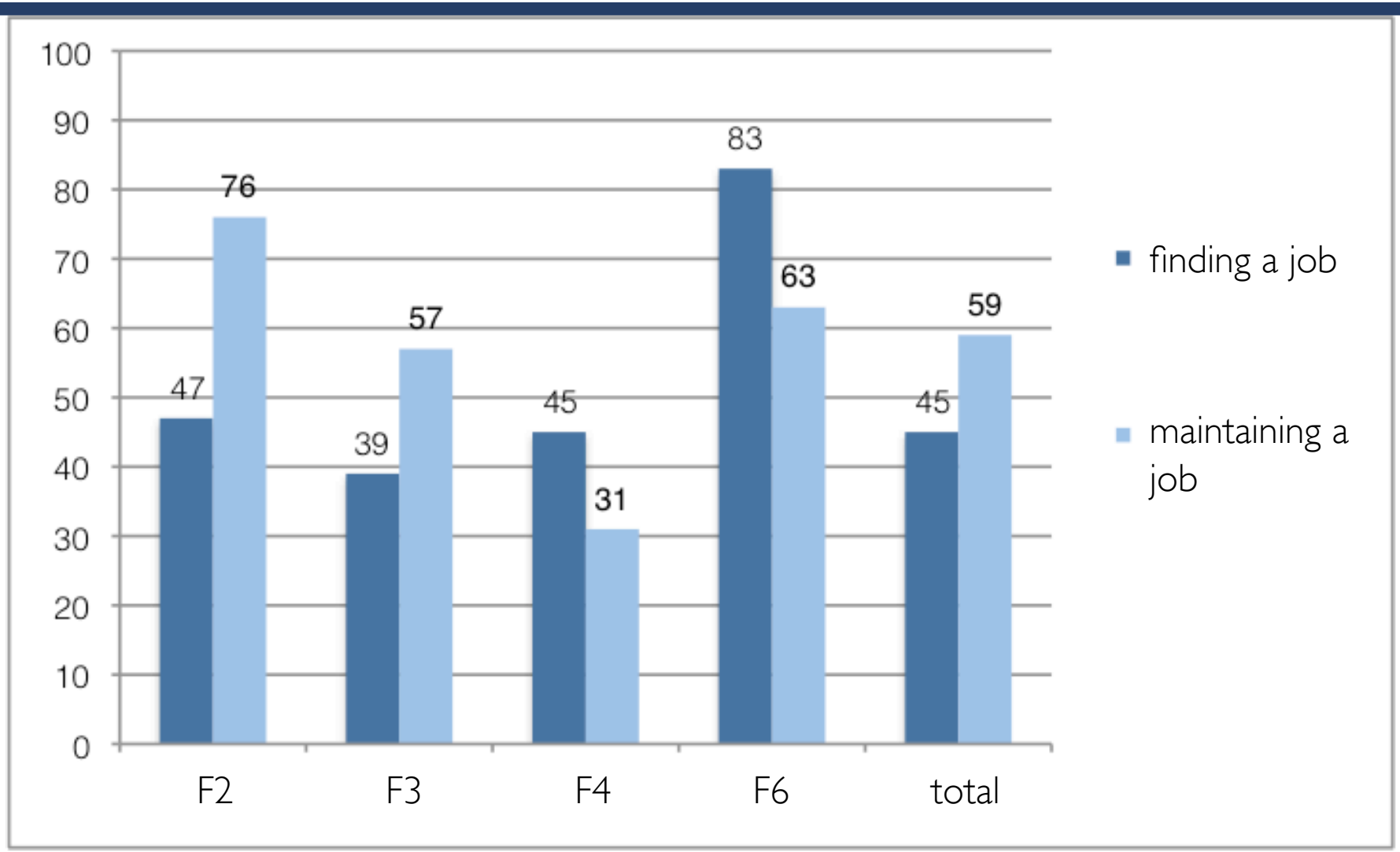
IPS Reichenau: 40 clients per year (short time consultations 1-5 sessions: 15)
Outcomes: Finding a job: 44%,
Maintaining a job: 85%

IPS Berlin: 140 clients per year (short time consultations 1-5 sessions: 63)
Outcomes: Finding a job: 45%,
Maintaining a job: 59%

IPS in Germany is **just as effective as in most other countries** and **more effective than the available forms of vocational rehabilitation**

No data available yet: ARINET Hamburg, LIPSY & PIA2Work, Work2gether in Leipzig, IPS-ZIP study centers

Outcome IPS Pilot Study Berlin (N=194)



Overview of IPS in Germany II

Health and welfare landscape	In GER the psychiatric hospitals - where IPS is integrated - belongs to the regular (mental) health services system (organized in catchment areas). IPS worker are part of the mental health service team at the hospital (ARIENT Hamburg is spaced apart from the MHS provider). In GER exists a benefit trap with long term financial support for sick listened patients. Rehabilitation resp. employment programmes with prevocational training are predominantly.
Funding	IPS at the psychiatric hospital (funded by medical health insurance plus third party funding: ESF, G-BA, Federal Ministry of Labour and Social Affairs(BMAS), pharma research funding) Collaboration between mental health service system and the social security system: jobcenter for the long term unemployed, unemployment- and pension insurance systems.

Development of IPS in Germany

- Introduction IPS with strict focus on the IPS principles: Reichenau in 2015, Berlin in 2016
- IPS Jobcoaching as part of the standard care for patients in the outpatient clinic: Leipzig in 2015
- IPS through an evaluation of a mental health service research project called RECOVER in Hamburg (2017-2020), Evaluation is running
- In 2020 a program started called rehapro (total volume one billion Euro) funded by the Federal Ministry of Labour and Social Affairs (BMAS) IPS through several pilot projects => LIPSY, IPS-ZIB, ongoing evaluation until 2024
- Main barriers: Different responsibilities and competencies of the medical und the social security system (fragmentation). Powerful lobby of the "first train then place" providers. Some of the IPS principles are conflictive with the rehabilitation funding system in GER: i) zero exclusion/self selection, ii) integration of mental health treatment system and the workforce/working world, iii) time unlimited support

  Main facilitators: High evidence of IPS => medical guidelines. GER has ratified the Convention on the Rights of Persons with Disabilities and has to improve the participation of people with (severe) mental illness.
- IPS implementation in the hospital structure and build an IPS team unit (IPS supervisor, IPS worker)
- To strengthen the relationship with local employers we build collaborations with the Chamber of Industry and Commerce (IHK) and Chamber of handcraft (HWK)
- Adaption to the fidelity scale given local realities: need for support for job maintaining/prevention of job loss (return to work)

Approach to quality and innovation I

Quality assurance

Fidelity self evaluation at least once a year, below 99 (fair fidelity) every 6 months
Fidelity ranged from fair to good,
Caseload IPS in GER is very different1:15 (Berlin), 1:20 (Reichenau) up to 1:50 (outpatient clinic, Leipzig)

Evaluation of vocational outcomes at local level (monitoring by the IPS supervisor/team leader) resp. at study level (primary and secondary outcomes)

Evaluation of non-vocational outcomes through ongoing studies:
Sociodemography, psychopathology, health status, quality of life, substance use, relapse, hospitalization, functioning (ICF)

Process monitoring: number of IPS sessions, IPS worker notes

Approach to quality and innovation II

Innovation and future direction

Based on the high quality evidence of SE/IPS in the clinical guidelines with recommendation „A“ in 2020 the DGPPN (German Association for Psychiatry, Psychotherapy and Psychosomatics) has established a task force and has prepared a position paper: Implementation of the principle of supported employment in Germany

IPS for the prevention of job loss resp. unemployment

Engagement of government by funding new vocational rehabilitation models in line with the IPS principles: primarily on the topic Collaboration between the insurance systems (health, umemployment, pension…) and jobcoaching called *rehapro* (please see slide 6)

In the application process: Multicenter RCT - Supported employment and education for young adults with early psychosis (Berlin)

Backup

- Nischk, D., & Hörsting, A.-K. (2021). Abschlussbericht Projektphase 2015-2020. Supported Employment (IPS) Reichenau. Leben und Arbeiten mit psychischer Beeinträchtigung im Landkreis Konstanz. Final report project phase 2015-2020. Living and working with mental health impairment in district Konstanz. Retrieved 21.06.2021, from https://www.zfp-reichenau.de/fileadmin/Freigabe_ZfP_Reichenau/Dokumente/5_Jahre_IPS.pdf
- Jäckel, D., Siebert, S., Baumgardt, J., Leopold, K., & Bechdolf, A. (2020). Arbeitsbezogene Teilhabebeeinträchtigungen und Unterstützungsbedarf von Patienten in der (teil-)stationären psychiatrischen Versorgung. Patients' work-related participation impairments and need for support in day hospital and inpatient psychiatric treatment. Psychiatrische Praxis, 47(5), 235 - 241
- Jäckel, D., Leopold, K., Siebert, S., & Bechdolf, A. (in preparation). Verbesserung der arbeitsbezogenen Teilhabe durch Implementierung von Individual Placement and Support (IPS) in die klinischen Versorgung. Improving work-related participations by implementing Individual Placement and Support (IPS)