



# Second European IPS Meeting 22<sup>nd</sup> June 2021 by ZOOM

ITALY

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## Health and welfare landscape

**Population:** 60.360.000

**Administration:** 21 Regions (very different in size (100.000 to 10.000.000)).

**Health care:** National Health Service, tax funded, resources allocated by national government. Planning, organization and provision of care by Regional administrations through Local Health Trusts. (LHT-AUSL).

Departments of Mental Health (DMH) are part of LHT and ensure community and hospital mental health care to a defined catchment area.

## Health and welfare landscape

**Social care:** provided by Municipalities (more than 8.000 administrations). Social welfare benefits low, increasing in the last decade (not a disincentive to work).

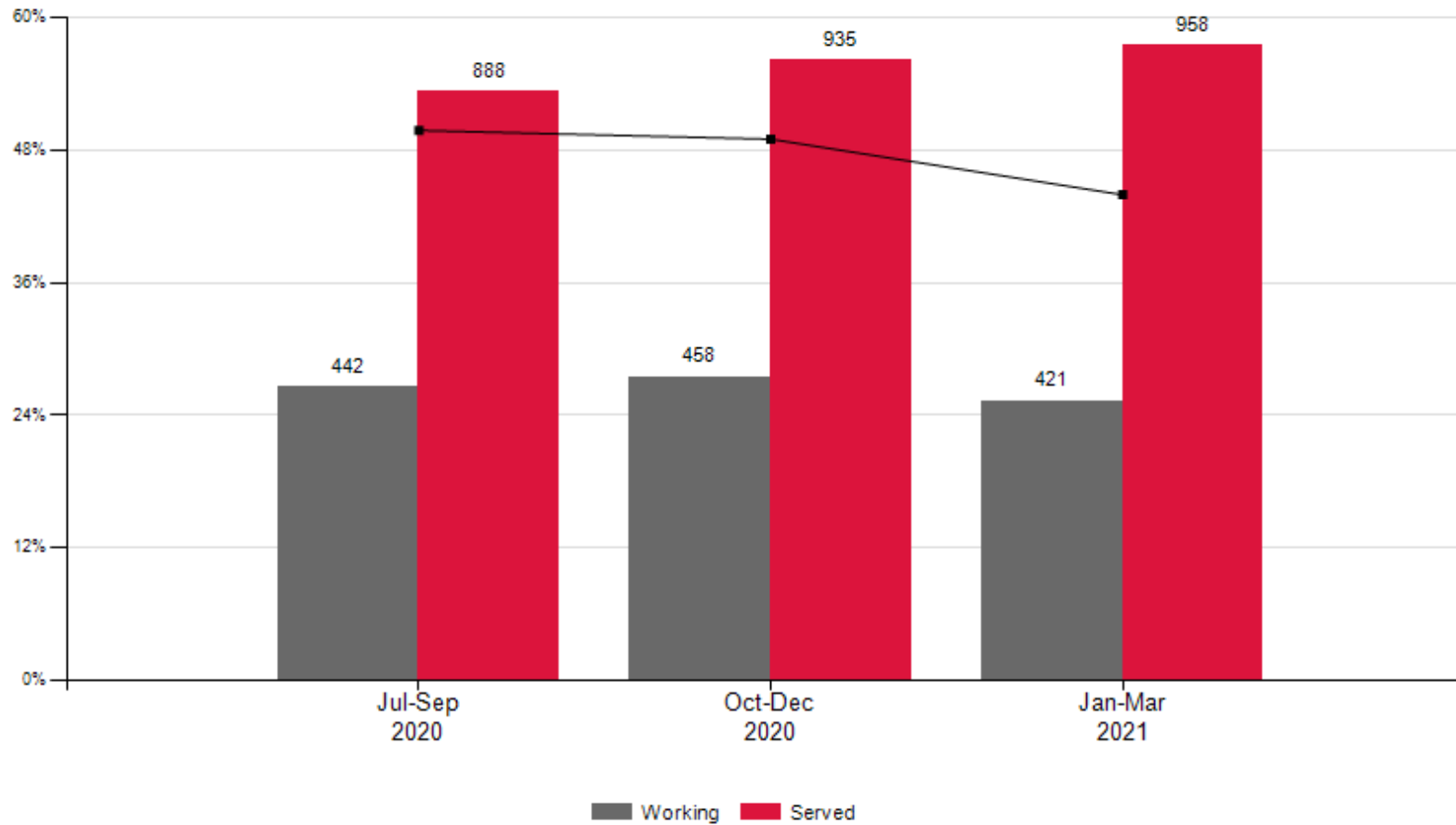
**Labour policies:** one national agency for research and guidelines (ANPAL).

Employment services run by regional administrations. Active labour policies only in 1/3 of regions.

## Scale of IPS provision

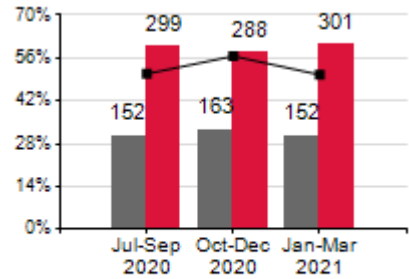
- IPS is almost entirely funded and provided by DMHs, belonging to NHS.
- IPS is regional policy in 3 Regions (Emilia-Romagna, Veneto and Sicily).
- Full scale implementation in Emilia-Romagna. Large scale implementation in Veneto and Lombardy. IPS national training center in Bologna – IPSilon Association.
- Fourteen sites belong to the “HQ IPS network” (data, supervision, fidelity visits).
- Many more programs around the country.
- Almost no involvement of academic centers.

## HQ IPS network - Percent of Clients Working Italy

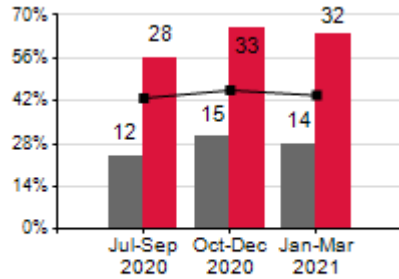


## Italy: Percent of Clients Working

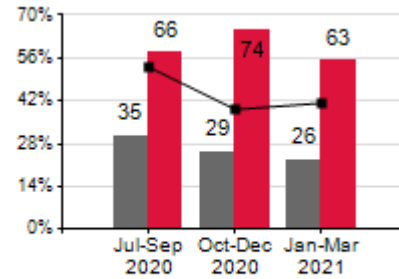
### Bologna



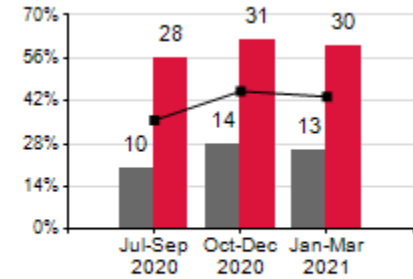
### Cesena



### Ferrara



### Forlì



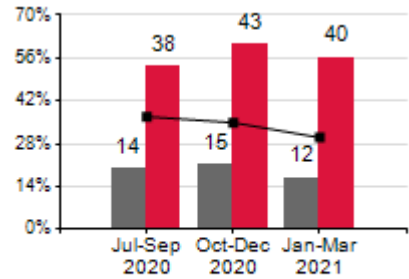
Working Served

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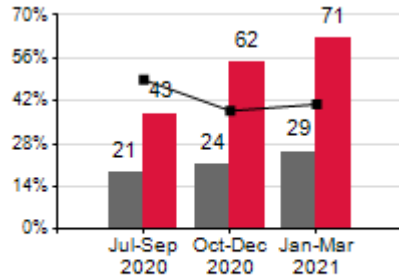
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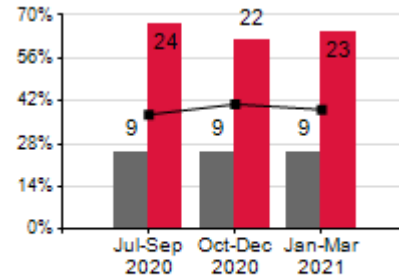
### Imola



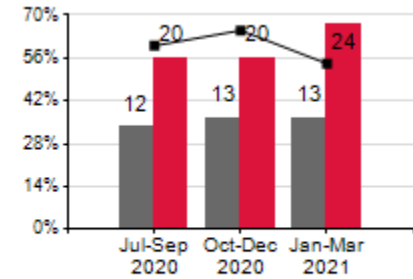
### Lecco



### Modena



### Parma



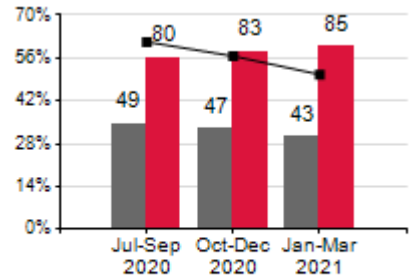
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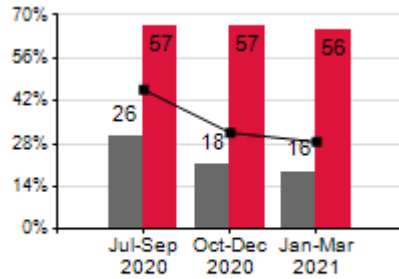
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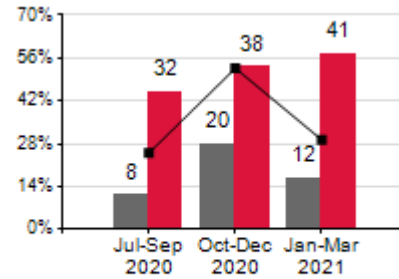
### Piacenza



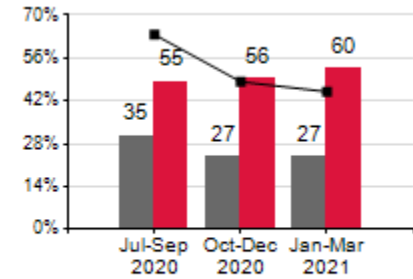
### Ravenna



### Reggio Emilia



### Rimini

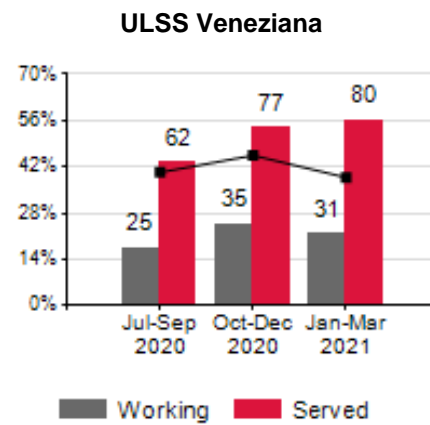
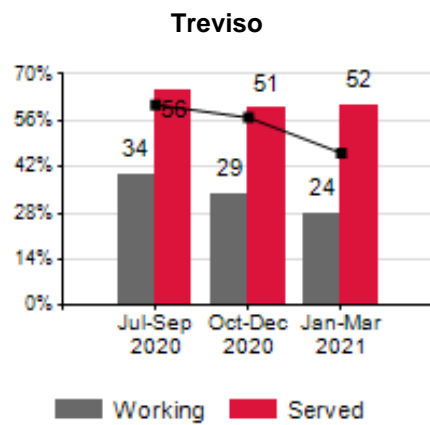


Working Served

Working Served

Working Served

Working Served



# How did we get into IPS?

- EQOLISE - 6 centers:
  - London (UK)
  - **Rimini (I)**
  - Ulm (D)
  - Zurich (CH)
  - Groeningen (NL)
  - Sofia (BUL)



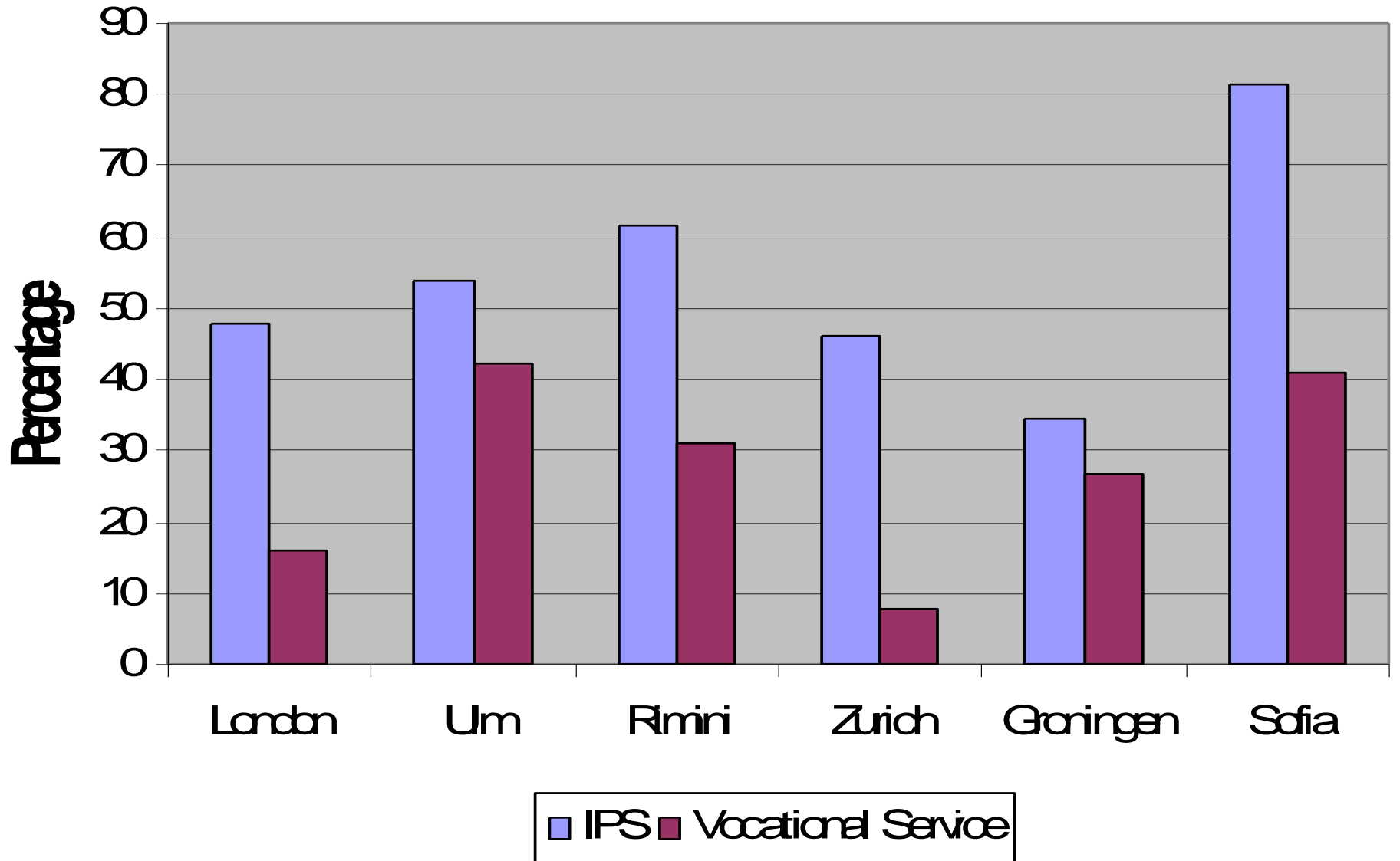


	IPS	n	Vocational service	n	Difference (95% CI)
Worked for at least 1 day	85 (55%)	156	43 (28%)	156	26.9% (16.4 to 37.4)
Number of hours worked*	428.8 (706.77)	143	119.1 (311.94)	138	308.7 (189.22 to 434.17)
Number of days employed*	130.3 (174.12)	154	30.5 (80.07)	152	99.8 (70.71 to 129.27)
Job tenure (days)*	213.6 (159.42)	83	108.4 (111.95)	39	104.9 (56.03 to 155.04)
Drop-out from service	20 (13%)	156	70 (45%)	156	-32.1% (-41.5 to -22.7)
Admission	28 (20%)	148	42 (31%)	141	-11.2% (-21.5 to -0.90)
Percentage of time spent in hospital*	4.6 (13.56)	148	8.9 (20.08)	141	-4.3 (-8.40 to -0.59)

Data are number (%) or mean (SD). \*Data for hours worked were not available for all patients, since not all patients completed follow-up interviews or were able to supply this information. Data for days employed were collected outside interview. Job tenure data were only calculated for the subgroup of patients who worked. Data for hospital use were missing for 23 patients. †Bootstrapped estimates of difference between means and bias corrected and accelerated 95% CIs presented.

**Table 2: Vocational, admission, and drop-out outcomes†**

# Worked at least for one day



# Further steps after EQOLISE

- Never stopped in Rimini since 2003, more than 500 clients treated over time, replication of standard outcomes (>40% of clients in treatment work)
- 2010 TIPS project: extend IPS to all Departments of Mental Health in Emilia-Romagna.
- Seminal work by DMHs in other Regions. IPS becomes policy in 2 more Regions.
- 2014 – Fidelity visits, Emilia-Romagna joins the International Learning Collaborative lead by Dartmouth.
- 2016 – IPSILON association for the development of supported employment and recovery-oriented psychosocial interventions.



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Istituto delle Scienze Neurologiche  
Istituto di Ricovero e Cura a Carattere Scientifico

# 3° IPS DAY NAZIONALE

Il Supporto Individuale all'Impiego.  
Riabilitazione psichiatrica  
o politica attiva del lavoro?



**16 ottobre 2017**

AULA "C. CESARI"  
Casa dei donatori di Sangue AVIS  
Via dell'Ospedale 20 - Bologna

In collaborazione con



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## CORSO DI FORMAZIONE PER OPERATORI IPS

Aggiornamento di 2° livello



**17/18 ottobre 2017**

Bologna

## IPS DAY NAZIONALE



PRIMA CONVENTION NAZIONALE DEI CENTRI E DEI PROFESSIONISTI  
IMPEGNATI NELLE ESPERIENZE DI SUPPORTO INDIVIDUALE ALL'IMPIEGO

giovedì 24 settembre 2015  
ore 9.30 - 17.00

Auditorium, Regione Emilia-Romagna  
Viale Aldo Moro, 18 - BOLOGNA





Fioritti - Berardi

INDIVIDUAL PLACEMENT AND SUPPORT

# INDIVIDUAL PLACEMENT AND SUPPORT

MANUALE ITALIANO DEL METODO PER IL SUPPORTO  
ALL'IMPIEGO DELLE PERSONE CON DISTURBI MENTALI

a cura di  
**Angelo Fioritti e Domenico Berardi**



Bononia University Press

## Quality assurance

**-Supervision in all 14 sites.**

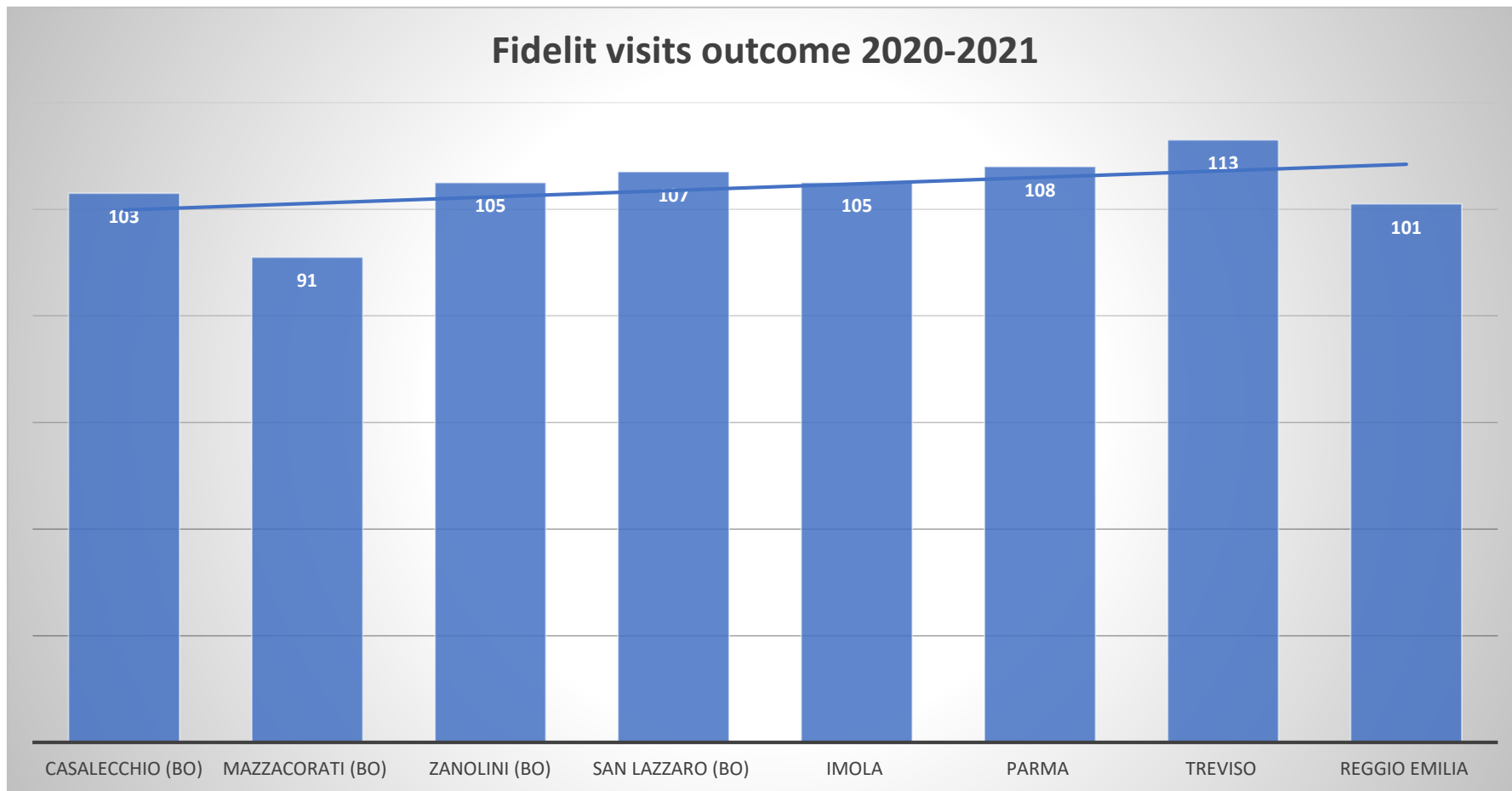
**-Fidelity visits:**

- **2013-2018** - eleven sites (DMH Centres of Emilia-Romagna) any 18 mths;
- **2014 – 2018** - three more sites (Lecco, Treviso, Venice);
- **2019-2020 – stop** due to lack of funds and the Pandemic.
- **2021:** independent fidelity visits again in all sites.

**Fidelity Reviewers** trained by S. Reese, D. Becker & S. Swanson

**Monitoring outcomes on national and local level and comparison with International IPS collaborative network.**

# Fidelity Visits outcomes year 2020-2021





### Current experimental Programs in Bologna:

- Child psychiatry program for First episode psychosis and Young subjects with difficult transition to adulthood;
- “Insieme per il lavoro”, Bologna metropolitan municipality, supported employment for the general population.

### Current experimental programs in Piacenza:

- Young adults with autistic spectre disorder

### **Quality Goals:**

- Extend the “HQ IPS network”
- Increase the frequency of supervisions (weekly, currently 2 weeks)
- To increase the frequency of Fidelity visits (any 12-18 months).

- Fioritti A, Hilarion P., Van Weeghel J., Cappa C, Suñol R., Burns T. (2014) *Individual Placement and Support in Europe*. *Psychiatric Rehabilitation Journal*, 37/2, 123–128.
- Fioritti A., D’Alema M., Barone R., Bruschetta S. (2014) *Social Enterprises, Vocational Rehabilitation, Supported Employment. Working on Work in Italy*. *Journal of Nervous and Mental Disease*, 202/6, 498-500.
- Pelizza L., Ficarelli M.L., Vignali E., Artoni S., Franzini M.C., Montanaro S. (2020) *Implementation of IPS in Italy: The Reggio Emilia Experience*. *Community Mental Health Journal*, 56(6):1128-1138.
- Rizza, R., Fioritti, A. (2020). *Is individual placement and support an “active” labor market policy?* *Psychiatric Rehabilitation Journal*, 43(1), 60–64.
- Fioritti A., Peloso P.F., Percudani M. (2016) *“We Can Work It Out”: The Place of Work in Italian Psychosocial Rehabilitation*, *International Journal of Mental Health*, 45:1, 51-58.



Thank You for Your attention

