



**Second European IPS Meeting
Berlin - 27-28th October 2022**

Twenty years of IPS in ITALY. What's next?

Angelo Fioritti, Fabio Albano, Denise Manchisi, and Antonella Mastrocola

IPSILON Association, for the Development of IPS

Dina Guglielmi and Francesca Floris

Unit of Work Psychology, Department of Educational Sciences, University of Bologna

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 (DMHs) 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).

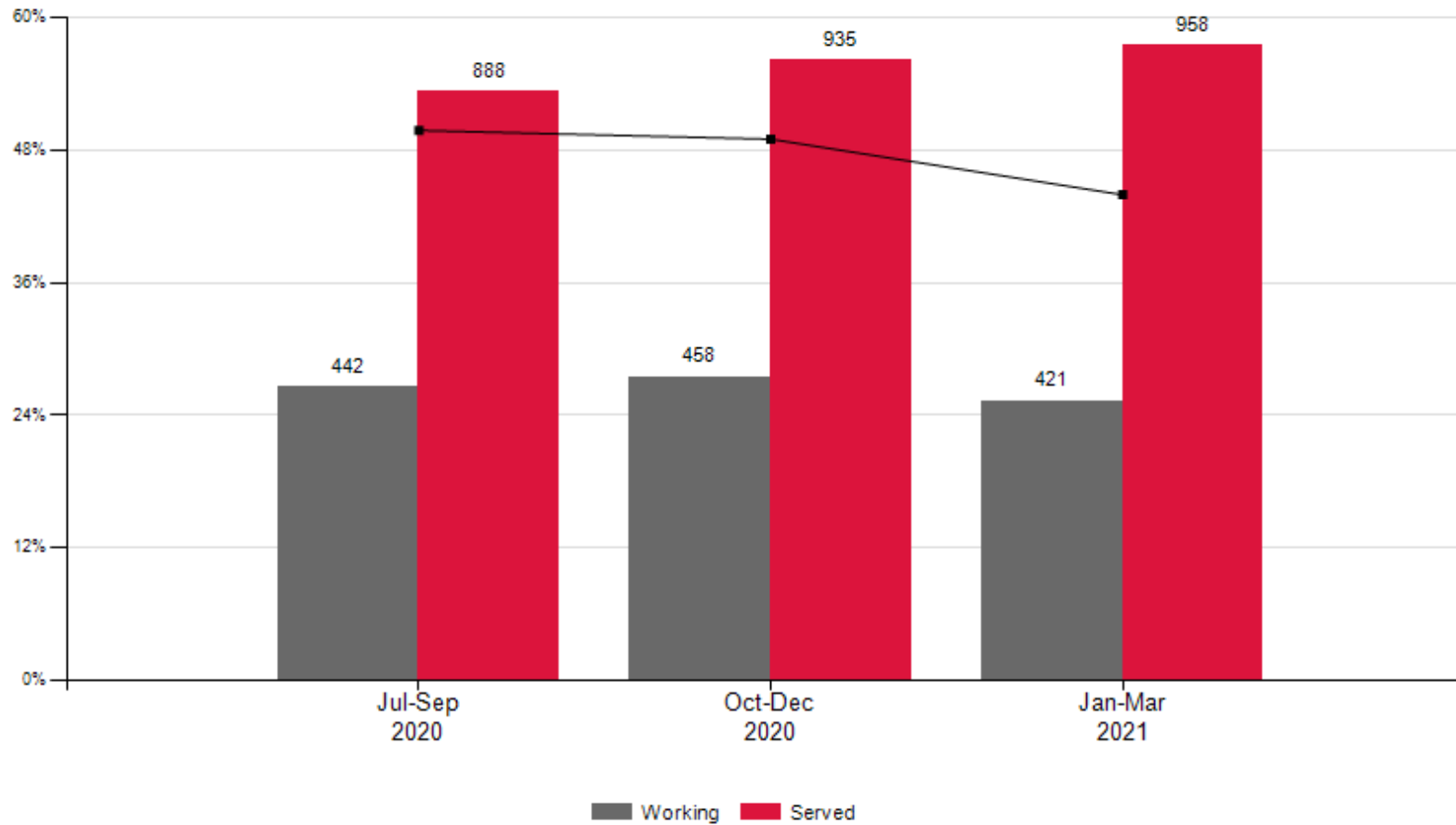
Labour policies: one national agency for research and guidelines (ANPAL).

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, supervisions, fidelity visits).
- Many more programs around the country.
- Recent involvement of academic centers.

HQ IPS network - Percent of Clients Working Italy



How did we get into IPS?



EQOLISE

Enhancing
Quality
Of
Life
Implementing
Supported
Employment

6 centers:

Londra (UK)

Rimini (I)

Ulm (D)

Zurich (CH)

Groeningen

(NL)

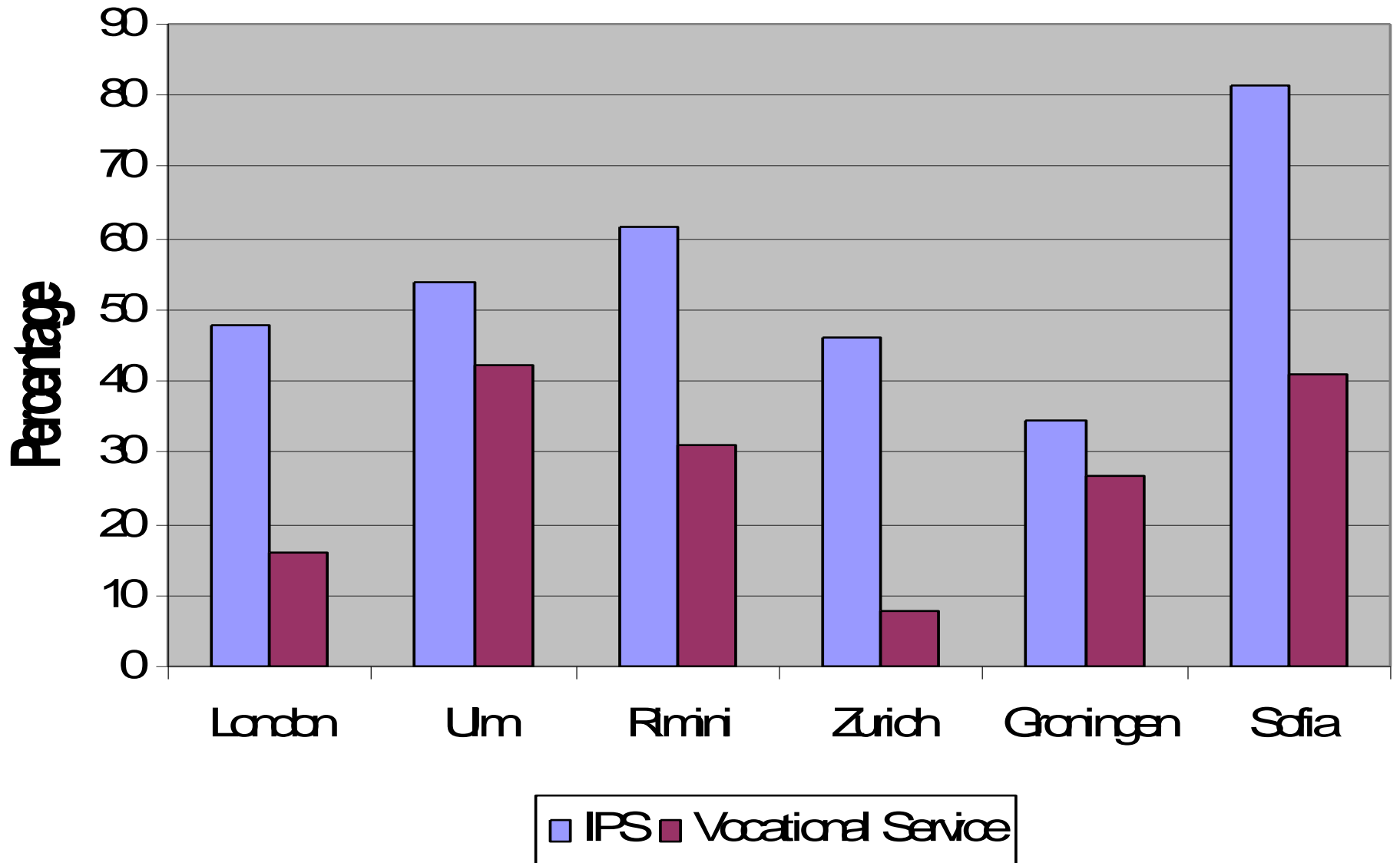
Sofia (BUL)

	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



Effect of risk of benefit trap on risk difference

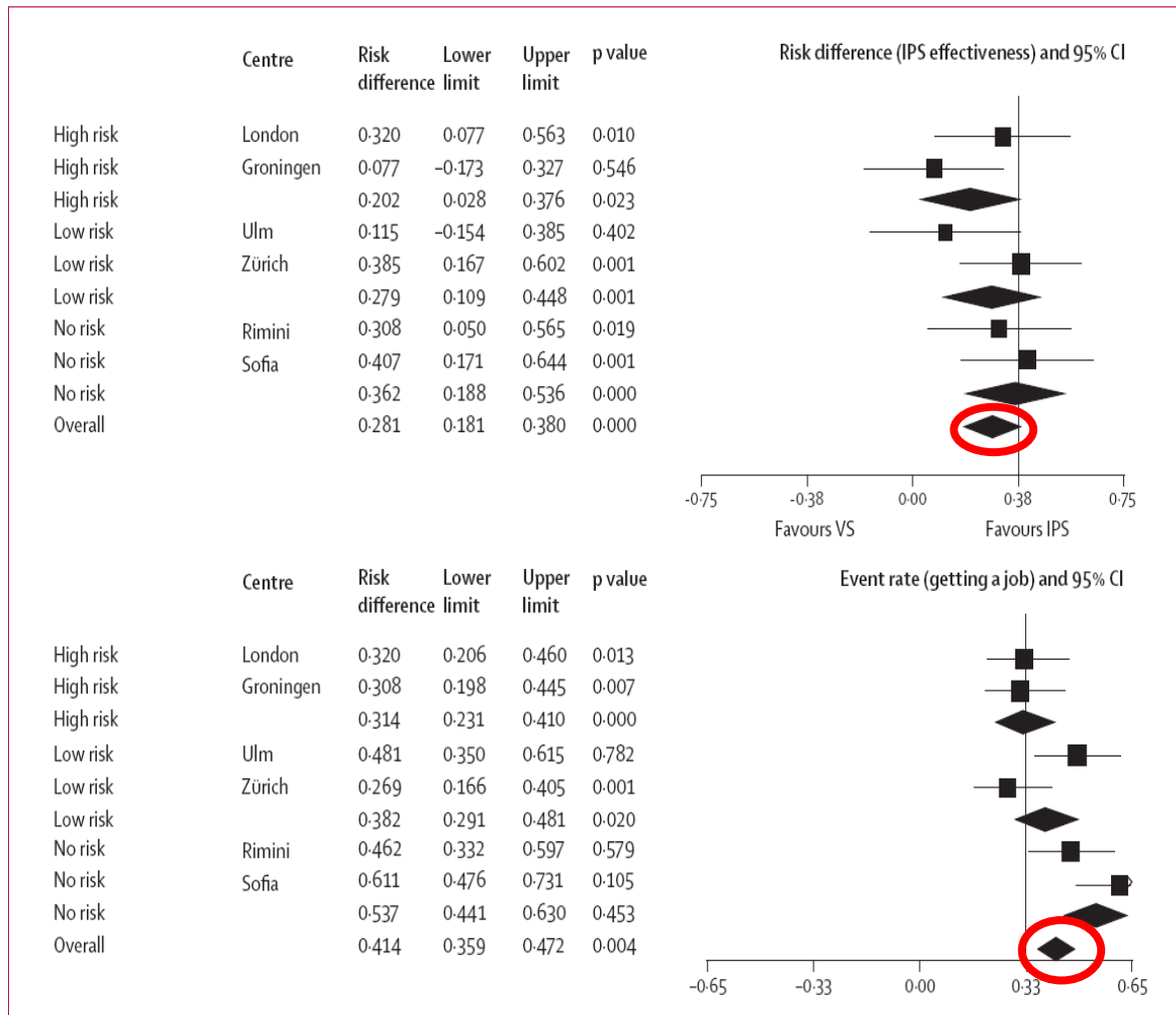


Figure 3: Effect of benefit trap on IPS effect size (upper) and on getting a job overall (lower)

The third, sixth, and ninth rows show the summed estimate for the previous two rows, whereas the tenth row shows the total estimate for all the data. For every centre, the 95% CI is represented by a horizontal line and the IPS effect size (upper) or getting a job (lower) represented by a square, proportionate to study size. The diamond indicates that the outcome is pooled across centres, the width of which represents the 95% CI. IPS=individual placement and support. VS=vocational service.

Effect of long-term unemployment rate on outcome

	IPS effect size		Getting a job	
	Q	p value	Q	p value
Local unemployment rates*	5.82	0.016	0.984	0.321
GDP per head growth (annual %) 2003†	1.66	0.198	9.56	0.002
% GDP spent on health 2002‡	0.229	0.632	2.55	0.110
Long-term unemployment rate (1999)§	0.532	0.466	16.16	<0.001
Benefit trap? (2004-05)¶	1.62	0.445	10.90	0.004

These socioeconomic variables should not be compared with each other, since the data are from different years and different sources. *Ranges from 3.6 in Zürich and Sofia to 8.1 in Groningen. Information provided by authors adjusted using ratio of national rates (EIU 2004 database accessed online via the Economist Intelligence Unit Market Indicators and Forecasts website) and ratio applied to local rates. †Ranges from -1.4 in Groningen to 4.9 in Sofia. Information from World Development Indicators Online database, accessed via the Economic and Social Data Services (ESDS) website. ‡Ranges from 7.3 in Sofia to 11.2 in Zürich. Information from World Development Indicators Online database, accessed via ESDS website. §Persons unemployed for a period of 1 year or more as a percentage of the labour force. Ranges from 1.2 in Zürich to 8.3 in Sofia. Information from ESDS website. ¶High risk centres: London, Groningen; low risk: Ulm, Zürich; no risk: Rimini, Sofia. GDP=gross domestic product.

Table 3: Socioeconomic sources of heterogeneity

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.

IPSilon association



SERVIZIO SANITARIO REGIONALE
EMILIA-ROMAGNA
Azienda Unità Sanitaria Locale di Bologna

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



IPSilon association



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.

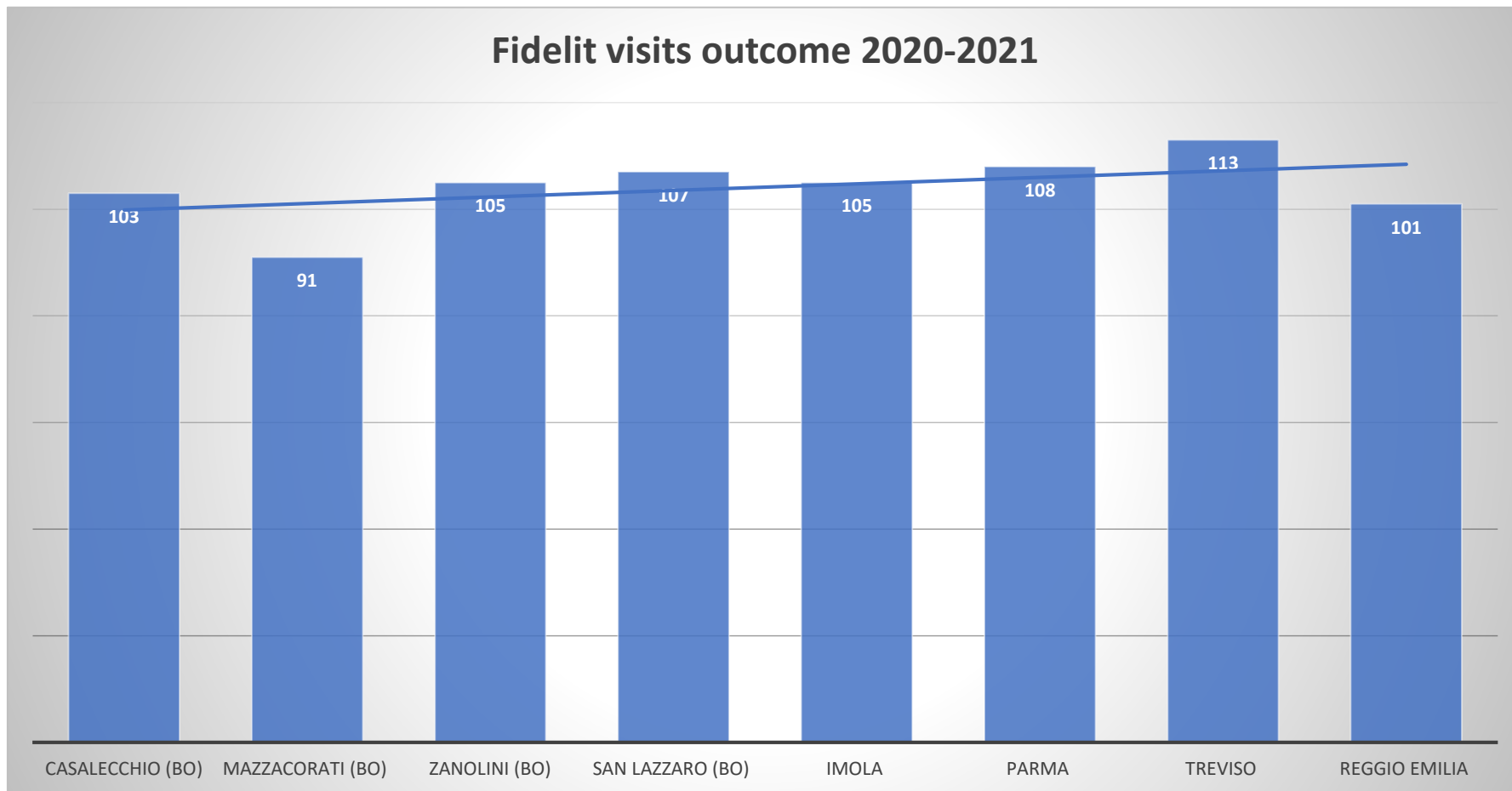
-Fidelity visits:

- **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 municipality, IPS for the **general unemployed population**.

Current experimental program in Piacenza:

- Young adults with **autistic spectre disorder**

Current experimental programs in Cremona:

- IPS for **migrants at first arrival**

Quality Goals:

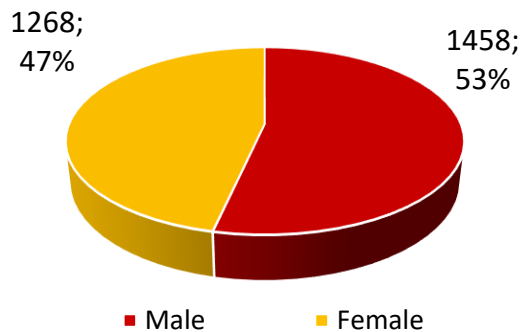
- Extend the “HQ IPS network”
- Increase the frequency of supervisions (weekly, currently 2 weeks)
- To increase the frequency of Fidelity visits (any 12-18 months).
- To start extensive research on social and clinical variables (in collaboration with the Unit of Work Psychology, Bologna University – Prof. Dina Guglielmi)

SAMPLE

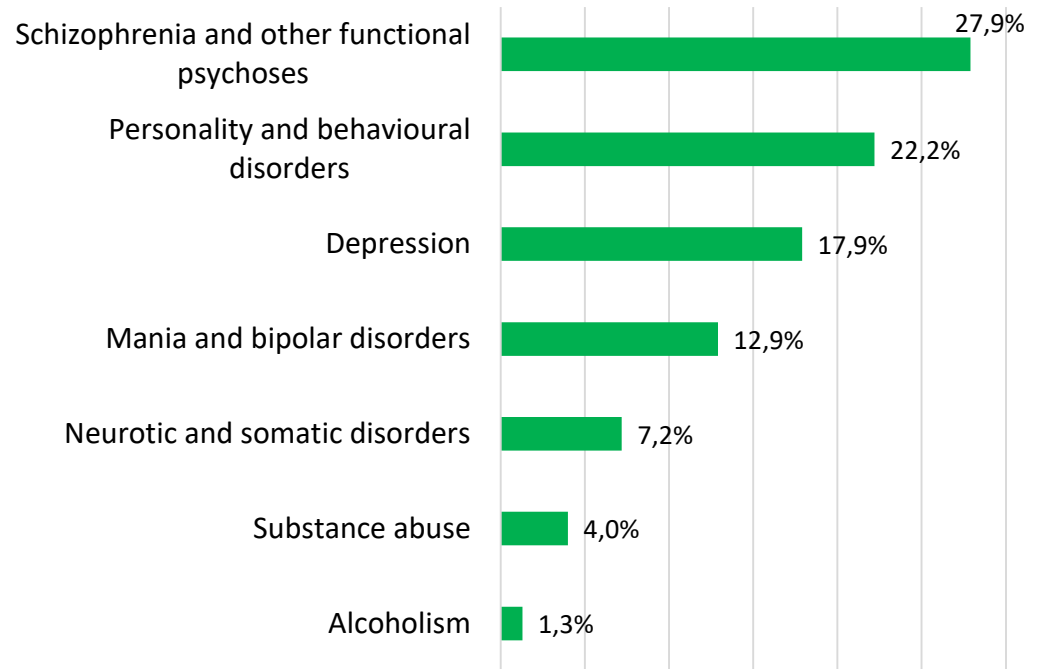
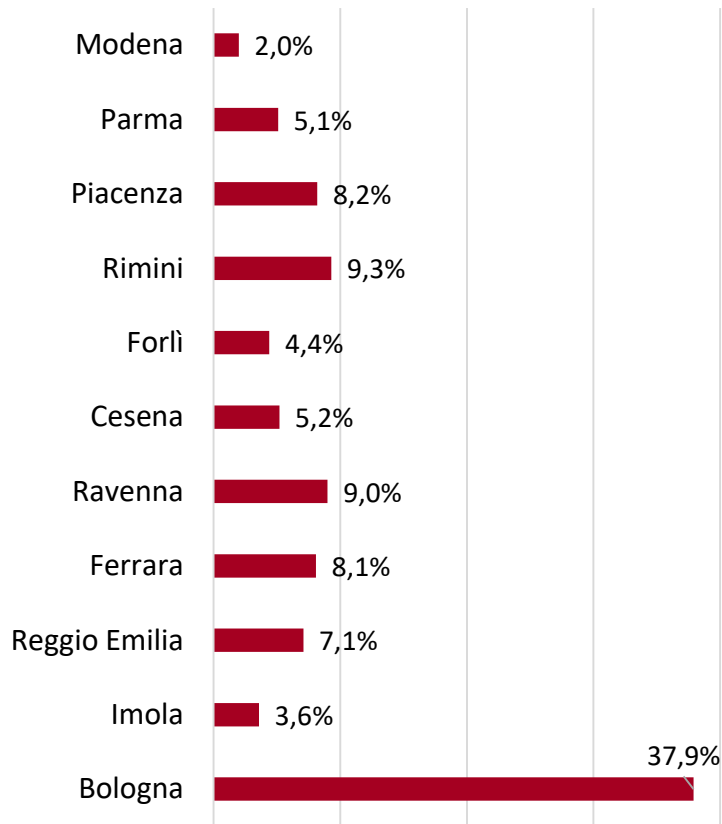
N = 2726

Age: M (SD) = 34.06 (11.11)

Work experience: M (DS) = 12.11 (9.78)



SAMPLE

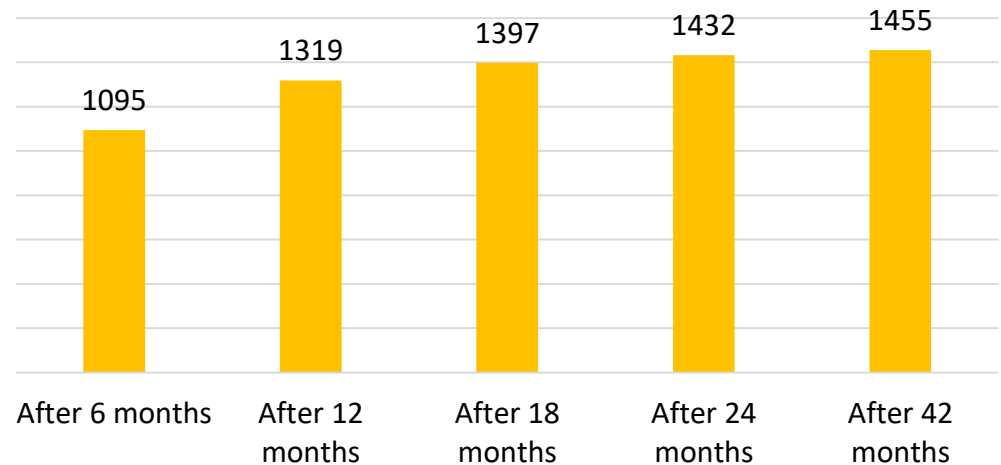
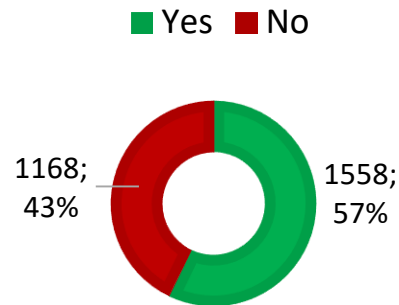


- 61 (2%) come from SerDP (Service for Dependence)
- 661 (24%) receive benefits

RESULTS

Descriptives

Patients who found a job:



Days passed from first meeting with IPS to first job interview:

M (SD) = 75.95 (108.89) → 2.5 months

Days passed from first meeting with IPS to first employment:

M (SD) = 141.90 (84.50) → 4.5 months

Days employed in first occupation:

M (SD) = 126.26 (492.02) → 4 months

RESULTS

Differences between groups

<i>Diagnosis</i>	<i>Days from 1st meeting IPS to first employment</i>
<i>Alcoholism</i>	160.05 (160.15)
<i>Substance abuse</i>	106.09 (86.00)
<i>Depression</i>	136.02 (167.02)
<i>Personality and behavioural disorders</i>	126.00 (157.30)
<i>Mania and bipolar disorders</i>	140.31 (150.32)
<i>Schizophrenia and other functional psychoses</i>	161.37 (184.46)
<i>Neurotic and somatic disorders</i>	134.61 (168.25)

RESULTS

Differences between groups

Access center

	<i>M (SD)</i>		<i>p</i>
	<i>CSM</i>	<i>SerDP</i>	
<i>Weekly hours worked</i>	27.54 (12.52)	32.06 (9.75)	.04
<i>Days passed from first meeting with IPS to first job interview</i>	76.55 (109.73)	40.80 (36.82)	.03

RESULTS

Differences between groups

<i>Benefits</i>	<i>M (SD) / %</i>		<i>p</i>
	<i>Benefits</i>	<i>No benefits</i>	
<i>Days passed from first meeting with IPS to first job interview</i>	84.15 (115.62)	73.30 (106.54)	.05
<i>Days passed from first meeting with IPS to first employment</i>	185.90 (10.44)	158.00 (4.72)	.00
<i>Mediations (yes)</i>	8.0%	4.3%	.02
<i>Success in job search</i>			.00
Yes	52.0%	58.8%	
No	48.0%	41.2%	

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Epidemiology and Psychiatric Sciences

Boosting the development of individual placement and support in Europe

[cambridge.org/eps](https://www.cambridge.org/eps)

Hlynur Jónasson¹, Jaap van Weeghel^{2,3}, Débora Koatz^{4,5}, Gary Johnston⁶,
Ulrika Bejerholm⁷ and Angelo Fioritti⁸ 

Editorial

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¹Landspítali, Psychiatric Hospital, Reykjavik, Iceland; ²Phrenos Center of Expertise, Da Costakade 45, Utrecht, The Netherlands; ³Tranzo Scientific Center for Care and Welfare, Tilburg School of Social and Behavioural Sciences, Tilburg University, Tilburg, The Netherlands; ⁴Avedis Donabedian Research Institute, Barcelona, Spain; ⁵Universitat Autònoma de Barcelona (UAB), Barcelona, Spain; ⁶Social Finance, London, UK; ⁷Department of Health Sciences, Lund University/Research and Development Department, Mental Health Services, Region Skåne, Sweden and ⁸Department of Biomedical and Neuromotor Sciences, School of Hygiene and Preventive Medicine, University of Bologna, Bologna, Italy

Rimini, Third EU IPS Meeting, 19-20 Oct 2023





Thank You for Your attention – See you in Rimini

