

Longitudinal Outcomes of Individual Placement and Support in Italy: A Focus on Severe Mental Illness and Personality Disorders

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INTRODUCTION

Although the Individual Placement and Support (IPS) model is recognized as the most effective evidence-based approach for competitive employment among people with severe mental illness (Bond et al., 2020; Drake et al., 2012), evidence on its long-term implementation in Italy remains limited. While international studies report employment rates two to three times higher than traditional programs (Frederick & Van der Weele, 2019), such outcomes have rarely been examined in the Italian socio-economic and service delivery context, where regional disparities and labor market constraints may influence results. The present study responds to this gap by providing one of the first longitudinal examinations of IPS outcomes in Italy.

BACKGROUND

The Italian implementation of IPS faces several structural and cultural challenges that make it a unique context for evaluation. Mental health services in Italy vary widely between regions in terms of resources, staffing, and the degree of integration between psychiatric care and vocational rehabilitation (Luciano et al., 2014). These disparities are compounded by the Italian labor market’s structural limitations, including high unemployment rates among vulnerable populations, a scarcity of inclusive employers, and the prevalence of temporary or low-quality contracts (OECD, 2021). Historically, Italian mental health policy has emphasized sheltered or transitional employment for people with severe mental illness, reflecting both cultural attitudes and the legacy of deinstitutionalization (de Girolamo & Cozza, 2000). As a result, transitioning to an IPS approach represents a significant paradigm shift, requiring organizational change, staff training, and collaboration with external employment partners. Internationally, IPS has demonstrated robust advantages over traditional vocational programs, including higher rates of competitive employment, faster job acquisition, and greater job tenure (Frederick & Van der Weele, 2019). Moreover, sustained competitive employment has been linked to improvements in quality of life, symptom management, and reduced inpatient service use (Bond et al., 2020). Previous Italian research, though promising, has largely focused on short-term outcomes. Also, little is known about how IPS outcomes evolve within service systems historically oriented toward sheltered work. This study aims to fill this gap by providing empirical evidence on the feasibility, sustainability, and potential systemic impact of IPS within the Italian mental health system.

METHOD

The study analyzed a 42-month longitudinal cohort of 1,408 participants enrolled in IPS program across 7 Community Mental Health Centers in Emilia-Romagna (Italy).

Characteristic	Percentage (%)	Frequency (n)
GENDER		
Male	53.1	748
Female	46.9	660
AGE		
Median (years)	-	38
DIAGNOSIS		
Schizophrenia and other psychoses	26.4	372
Personality and behavioral disorders	22.5	317
Depression	17.5	247
Mania and bipolar disorders	12.8	180
Minor disorders	9.4	133
Addictions	5.5	77
Other psychiatric disorders	4.8	68
WORK HISTORY		
Previous competitive work experience	22.0	310
Average duration of work experience (years)	-	12.44

TABLE 1. Clinical and Sociodemographic Characteristics of Study Participants

OUTCOMES

- **Job acquisition:** % with at least one competitive job
- **Job duration:** employment length (days), by diagnosis and nationality

STATISTICAL ANALYSIS

- **Chi-square tests** for categorical variables (e.g., job acquisition by diagnosis).
- **Kruskal–Wallis tests** for differences in job duration across diagnostic groups.
- **Mann–Whitney U tests** for job duration comparisons

RESULTS

JOB ACQUISITION

- ✓ Employment outcomes differed significantly across diagnoses ($\chi^2(6)=1055.864$, $p < .001$).
- ✓ Participants with schizophrenia, personality disorders, and depression were more likely to obtain employment than expected.
- ✓ Those with addiction disorders, minor disorders, and other conditions showed lower job acquisition.

JOB DURATION

- ✓ Length of employment varied by diagnosis ($H(6, n=1394) = 27.891$, $p < .001$).
- ✓ Longest median tenure: minor disorders (≈ 558 days).
- ✓ Shortest median tenure: addiction disorders (≈ 207 days).
- ✓ Intermediate values: schizophrenia (≈ 426 days), depression (≈ 495 days), personality disorders (≈ 477 days).

NATIONALITY

- ✓ Native participants were significantly more likely to secure employment than non-natives ($\chi^2(1) = 2544.272$, $p < .001$).
- ✓ Once employed, however, job duration was comparable across the two groups ($p = .617$).

Diagnostical Categories	Mean	SD	Median
Schizophrenia, other functional psychoses	425.63	609.95	155.25
Mania and bipolar affective disorders	535.26	723.93	199.31
Depression	495.05	564.97	232.00
Personality and behavioural disorders	477.30	702.43	148.50
Addictions	207.01	314.82	106.00
Minor disorders	557.95	698.07	221.50
Other psychiatric disorders	485.51	603.14	280.89

TABLE 2. Mean Job Duration by Diagnostic Category (number of days)

DISCUSSION

- IPS produced **better outcomes in schizophrenia, depression, and personality disorders** than in addictions and minor disorders. This challenges the idea that “lighter” diagnoses necessarily predict better vocational results.
- **Addiction disorders showed the weakest results.** This reflects not only clinical instability but also relapse risks, fragile work identity, and strong labor-market barriers. Standard IPS may need integration with addiction treatment, relapse-prevention tools, and closer coordination with social services.
- **Nationality matters:** non-native participants had more difficulty accessing jobs, though job tenure was similar once employed. This suggests that IPS is effective in sustaining employment across cultures, but the real barrier lies in job entry.
- Results for **schizophrenia and PDs** challenge long-standing stereotypes in vocational rehabilitation. These groups face stigma and low expectations, yet IPS shows that with individualized support, they can achieve meaningful employment.
- **Differences in job duration across diagnoses** reveal that sustained work is not equally achievable for all. This indicates the need for ongoing clinical integration: IPS works best when employment support is paired with therapeutic strategies.
- The Italian context shows that **system-level conditions matter:** Emilia-Romagna’s community-based care, long-standing IPS infrastructure, and fidelity monitoring created fertile ground for success.

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