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Supported Employment in Switzerland—Are We on Track?

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Objectives: Supported employment (SE) was introduced to Switzerland in 2002. Since then, an increasing number of SE programs have been launched across Switzerland. This article reviews the state of SE in Switzerland. **Method:** Several Individual Placement and Support (IPS-SE) studies have been conducted in Switzerland. We reviewed the implementation, results, and possible future developments related to all Swiss IPS-SE studies. **Findings:** Studies have demonstrated that IPS-SE programs can be successfully implemented with excellent results in Switzerland, but most vocational rehabilitation programs do not provide SE. **Conclusions and Implications for Practice:** While SE is becoming the first choice for vocational rehabilitation in Switzerland, development and potential improvements are underway.

Impact and Implications

Switzerland has been an early adopter of SE programs in Europe, including several high-profile IPS-SE studies in recent decades. Nevertheless, large-scale implementation remains to be addressed.

Keywords: supported employment, Individual Placement and Support, psychiatric rehabilitation

Switzerland is one of the richest countries in the world, with a high education level, a low unemployment rate, a good social security system, and a long tradition of vocational rehabilitation with a range of community-based facilities. Swiss vocational rehabilitation provides both vocational reintegration and sheltered workshops. In most places, reintegration programs still assume the “first train, then place” principle. The Swiss Invalidity Insurance, which is a compulsory social insurance for all Swiss people, determines the financing and vocational reintegration programs (including supported employment [SE] programs). Its mission is to reintegrate people with disabilities into the work process. A pension is only paid if at least 40% disability remains after completion of reintegration programs. The Swiss Invalidity Insurance receives 1.4% of each employee’s salary, with at least half assigned to the employer.

Although its mission statement is “reintegration precedes disability pension,” the initiative to launch SE in Switzerland did not come from the Swiss Invalidity Insurance. Not until 2002, almost

10 years after the Individual Placement and Support (IPS) principles were first published in the United States (Becker & Drake, 1993), the first Swiss IPS-SE program started at the Center of Psychiatric Rehabilitation, University of Bern, and was evaluated by a randomized controlled trial (Hoffmann, Jäckel, Glauser, & Kupper, 2012 & Hoffmann, Jäckel, Glauser, Mueser, & Kupper 2014). The first author developed the program based on the IPS literature as well as visits to IPS-SE programs in New Hampshire, Boston, West Haven, and Rochester. The Swiss Invalidity Insurance funded the program from the beginning, and the Swiss National Research Foundation funded the evaluation. Zurich was next by participating in the European multicenter EQOLISE study (Burns et al., 2007). In 2012, Lausanne launched the first IPS-SE program in the French-speaking part of Switzerland (Besse, Silva, Dutoit, & Bonsack, 2016).

Key Study Results in Switzerland

The EQOLISE study (Burns et al., 2007) aimed to replicate U.S. IPS-SE randomized controlled trials in six European countries with different labor market conditions, unemployment rates, and social security systems. The pooled data showed that IPS-SE brought significantly more people back into the open labor market, had a lower dropout rate, and decreased inpatient hospital use, compared with prevocational training. However, differences occurred among the participating countries. The IPS centers in the Netherlands and Germany tended to perform less well than those in Switzerland, England, Italy, and Bulgaria. Thus, although the study demonstrated that IPS-SE could be successfully imple-

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mented outside the U.S., in Germany it led to an ongoing controversy about the advantages of IPS-SE.

The Bern IPS-SE trial addressed the broader implementation of SE in Switzerland by developing contracts with companies on an employee-leasing basis, according to which the payroll and further costs related to program participants became the IPS-SE agency's liabilities. Thus, the hiring company had no financial risk and no extra costs. This arrangement provided an incentive for the subscribing firm and time-unlimited support by employment specialists for the clients. Previously, the financing of vocational rehabilitation programs had always been time-limited. As a result, the Bern IPS-SE program became a model for German-speaking countries. In addition, the Bern trial had the worldwide longest follow-up, which showed that, after five years, the superiority of IPS-SE over the conventional, "first train—then place" programs was even more pronounced than after two years (Hoffmann et al., 2014). Furthermore, the study repeated the finding that employment in the general labor market reduced the use of psychiatric inpatient treatment and increased quality of life (Jäckel, Kupper, Glauser, Mueser, & Hoffmann, 2017). However, if the support by an employment specialist was time-limited, sustainment was much lower in terms of maintaining employment and income (Jäger et al., 2013).

A subsequent trial by the Zurich group confirmed that people with severe mental illness who were on disability for less than a year were 2.7 times more likely to reintegrate into the general labor market with IPS-SE than those receiving usual services (Viering, Jäger, Bärtsch, et al., 2015). The Zurich group also focused on factors that predicted the reintegration success in SE (Brantschen, Kawohl, Rössler, Bärtsch, & Nordt, 2014; Landolt et al., 2016; Viering, Jäger, & Kawohl, 2015). In their most recent paper, they showed that participants who obtained a job, as compared to those who did not, showed persistent increases in quality of life (Rössler et al., 2018).

Implementation of SE

In the past 16 years, SE programs have increased and diversified across Switzerland. An association of now over 100 organizations providing SE programs founded Supported Employment Switzerland in 2008 in order to promote the implementation and quality of SE in Switzerland. Swiss SE programs have variously targeted people with intellectual disabilities, immigrants, young people, and unemployed people without disabilities. For young people, programs, such as the "start2work" project in Bern, have emphasized supported education. In addition, SE interventions have also become well-established for preventing job loss.

The expansion of programs and target populations has, however, resulted in differences in the quality of SE programs, with few programs meeting the criteria defined by the IPS-Fidelity Scale (Bond, Becker, Drake, & Vogler, 1997; Bond, Peterson, Becker, & Drake, 2012). Contrary to the IPS model, programs often offer trainings in a protected environment or time-limited coaching by the employment specialist. Deviations from the standards of the IPS-Fidelity Scale often limit success (Bond, Becker, & Drake, 2011), but Supported Employment Switzerland decided in 2013 to create a corresponding quality label that would fit the labor market in Switzerland, which differs substantially from the U.S. job market. The threshold to the open labor market is higher in Switzer-

land due to higher educational standards, fewer entry-level jobs, and difficulty laying off workers. In addition, the requirement that employment specialists should be attached to one or two mental health treatment teams is not feasible in Switzerland because few mental health treatment teams exist, and psychiatrists treat most people with severe mental illness in their own practices. The zero-exclusion criterion of IPS is not feasible as well, because the Swiss Invalidity Insurance insists on preselection. Thus, Supported Employment Switzerland developed its own 29-item self-assessment instrument (Häberli et al., 2018), which includes, in addition to the IPS Fidelity Scale criteria, the stakeholders' view of SE (Strümpel, Stadler-Vida, & Giedenbacher, 2002) and elements of the European Union Supported Employment Toolkit (Evans, Mayrhofer, & Jahn, 2010). Unfortunately, this scale is neither fully operationalized nor yet validated.

Nevertheless, in Bern we found recently that our IPS-SE program in routine operation delivered very good results, including 46% of the 420 participants entering the general job market (Richter, Hunziker, & Hoffmann, 2019), 2.5 times higher than in "train-place" programs (Richter & Hoffmann, 2019). Thus, IPS-SE in routine operation in Switzerland may compare to IPS in the U.S., although different selection factors make comparisons difficult. Despite our success, the Swiss Disability Insurance system increasingly allocates patients with schizophrenia to prevocational training programs rather than to SE. Therefore, people with severe mental illness may continue to receive prevocational training programs and only be entitled to a reintegration program if they have at least 50% functional work capacity of an ordinary person, which is rated by the patient's physician (family doctor or psychiatrist) without standardized criteria (Bundesamt für Sozialversicherung, 2018). We have great doubts about the effectiveness of this approach (Richter, Hertig, & Hoffmann, 2016).

Outlook and Conclusions

Despite these critical remarks, the implementation of SE is much more advanced in Switzerland than in the neighboring German-speaking countries, and the IPS-SE study outcomes accord with those of IPS programs in European and other non-U.S. countries (Modini et al., 2016; Suijkerbuijk et al., 2017). SE is becoming the first choice for vocational rehabilitation in Switzerland, but considerable potential for development and scope exists.

Based on our literature review and our experience, we recommend the following steps in Switzerland:

- (1) SE should increasingly address the preservation of jobs because keeping a job is easier than obtaining a new one, and SE has been shown to benefit employees by contributing to their mental health (Telle et al., 2016).
- (2) Early rehabilitation interventions should start during (day-)hospital treatment because rehabilitative interventions are particularly effective in the first month of incapacity for work and the probability of resuming work decreases by half after only six months of inability to work (Hoffmann & Jäckel, 2015).
- (3) SE offered to adolescents should emphasize supported education in order to provide those with mental disorder

ders a school degree and facilitate their entry into the general labor market.

- (4) Advanced training courses for IPS-SE employment specialists should be offered in order to enhance professional standards. Such training courses are currently offered at the Lucerne University of Applied Sciences and Arts.
- (5) The mission statement of the Swiss Invalidity Insurance—“reintegration precedes pension”—may prove unrealistic for people with severe mental illness and should be expanded by the paradigm “reintegration together with (partial) disability pension,” which would enable people to make a living with a part-time job and encourage employers to offer jobs on a performance-related pay basis.
- (6) Switzerland should create an operational and empirically tested quality label for IPS-SE and monitor compliance with appropriate audits. Until then, the original IPS-Fidelity Scale should be used.
- (7) Vocational reintegration programs—carried out with prevocational trainings within a protected framework of a sheltered workshop—should be waived pending the proof of their effectiveness or should only be provided to clients who have failed to be reintegrated into the first labor market.

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