



32^{na} European Social Services Conference

Co-creating Future Social Services

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Co-creating innovative solutions for inclusive social care and employment

IPS (Individual Placement and Support): a tailored approach to employment

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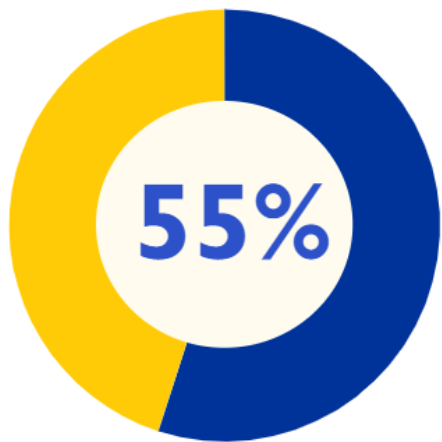
IPS Model: Principles

- Approximately 60% of people with severe mental disorders express a desire to work.
- However, less than 20% are working.
- Only an average of 2% have access to effective employment services.



IPS: Evidence-based practice

People with severe mental disorders are **twice as likely to get a job with IPS** than with other interventions.

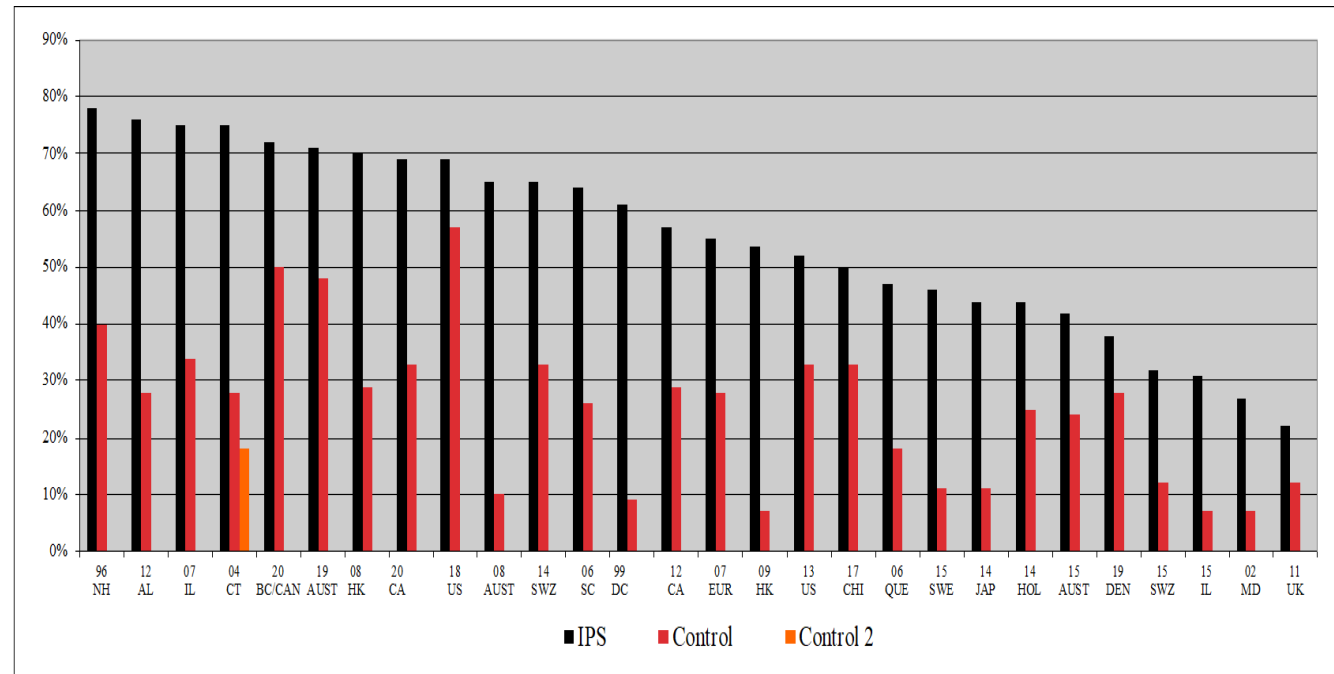


People participating in IPS Programs obtained employment, compared to 25% of control groups

28 Randomized control trials worldwide

6468 People participated in those studies

+130 Publications about IPS



IPS: Evidence-based practice

Long-term impact:

- 44% of the people worked more than 2.5 out of the 5 years studied, compared to 11% of the control group. 37% continued working 5 years later, compared to 9% of the control group.

More hours worked and higher salary:

- 25% more weeks worked, 3 times higher hourly earnings. 15% more hours worked compared to the control group. 33% fewer days to find the first job

Fewer admissions and days of hospitalization:

- People participating in IPS had an average of 0.4 (SD: 0.9) admissions compared to 1.1 (SD: 2.1) for those in other programs. The average number of days hospitalized was 38.6 (SD: 83.4) compared to 96.8 (SD: 178.9).

Lower cost and greater effectiveness:

- The return on investment is \$0.44 for IPS, compared to \$0.13 for other practices. Cost-benefit studies show IPS to be more cost-effective than other alternative models.

IPS overview



+ 26 states, counties and districts in USA, Canada,
+15 European countries, Japan, Australia and New
Zeeland

IPS has been recommended in the following European policy documents:

- EU Joint Action on Mental Health and Wellbeing, 2016
- World Health Organisation Mental Health Action Plan 2013-2020, 2015
- The Organization for Economic Co-operation and Development, 2015



IPS growth in Europe

Scaling-up strategies



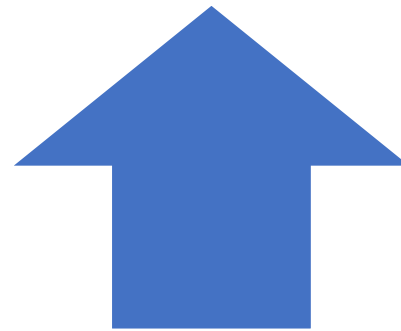
Leaders and stakeholders

Policy-making at the national or regional level

International lobby

The sites / providers take the initiative.

Pilot and improve methodology through professional networking and leadership



Epidemiology and Psychiatric Sciences

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Boosting the development of individual placement and support in Europe

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

Editorial

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Introduction

Employment is a critical factor in the rehabilitation and recovery of people with severe mental health problems (SMHP). However, employment rates for this group are far lower than in the general population and well-known are the many barriers for people with SMHP to enter the labour market. The right to employment is recognised in the European Disability Strategy and the European Pillar of Social Rights (principle 17) and the United Nations Convention on the Rights of Persons with Disabilities (UNCPRD art. 27). There is a strong need for effective programmes offering multi-faceted supports in regain-
petitive employment. Individual placement and support
excellence.

Among the several policies, practice-stands out for its effectiveness—empirical studies. A—vocational—

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Mental health and work: a European perspective

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Editorial

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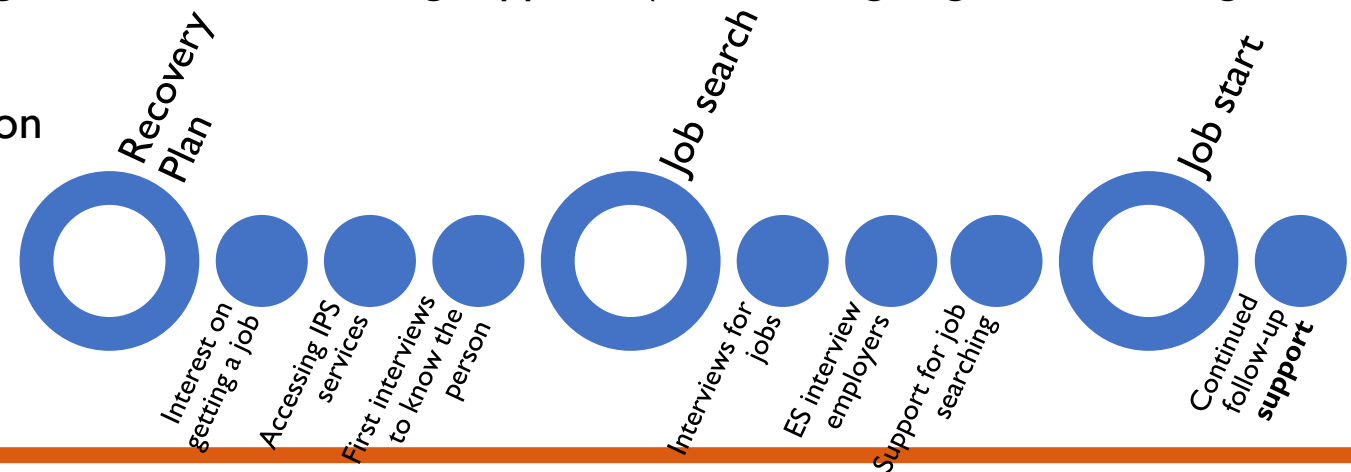
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Abstract

Among the many social determinants of health and mental health, employment and work are getting momentum in the European political agenda. On 30–31 January 2024, a 'High-level Conference on Mental Health and Work' was held in Brussels on the initiative of the rotating Belgian Presidency of the European Union. It addressed the issue developing two different perspectives: (1) preventing the onset of poor mental health conditions or of physical and mental disorders linked to working conditions (primary prevention); (2) create an inclusive labour market that welcomes and supports all disadvantaged categories who are at high risk of exclusion (secondary and tertiary prevention). In the latter perspective, the Authors were involved in a session focused on 'returning to work' for people with mental disorders and other psychosocial disadvantages, with particular reference to Individual Placement and Support as a priority intervention already implemented in various European nations. The themes of the Brussels Conference will be further developed during the next European Union legislature, with the aim of approving in 4–5 years a binding directive for member states on Mental Health and Work, as it is considered a crucial issue for economic growth, social cohesion and overall stability of the European way of life.

IPS Implementation

- **Adaptations for better approaches to each context.**
- **Quality assurance through the Fidelity Scale** (focused on processes and results).
 - Peer support available in some sites. Peer workers may identify opportunities for planning and service provision.
 - Co-production in each individualized intervention (users & relatives): client preferences guide decisions. Ensuring co-production with Fidelity Scale Assessments (every 1 or 2 years). Mapping user's experience to identify improvement opportunities in service delivery.
- **Creating tailored experiences with technologies:**
 - Approaching different learning styles and cognitive capacities. Shaping user's pathways to gain and maintain jobs.
 - Tools for expressing preferences, making choices and accessing supports (overcoming cognitive challenges, facilitating job matching, etc.).
 - Approaching equity, diversity and inclusion



IPS in new populations beyond mental health issues

- Young people (IPS-Y): young adults with the first episode of psychosis, and high school students with mental health challenges. (Young adults who are not in employment, education, and training (“NEET”) who are entering disability systems in Europe, Australia, and Canada.)
- People with justice involvement
- Disability beneficiaries
- People with co-occurring disorders (mental conditions and substance use, including opioid addiction)
- Homeless people
- People with autism spectrum disorder
- People with intellectual disabilities
- Primary care patients (people with chronic medical conditions)

IPS & use of technology

▪ Challenges:

- Integrated shared electronic records with user's ownership.
- Flexible access to service provision, and close collaboration among teams.
- Benchmarking among services, regions, and countries for learning and quality improvement together.
- Research collaboration (recently presented the IPS Global Research Network).
- Common certification for IPS through online or blended training, peer learning, and potentially internships.
- Boosting professional networks (IPS International Learning Community) and the creation of (virtual) spaces for mutual collaboration (professionals and organizations) for common goals across countries.
- Ensure the IPS approach following equity, diversity and inclusion principles.

