



SUPPORTIVE POLICIES FOR IPS IN 13 EUROPEAN COUNTRIES

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THE NEED FOR SUPPORTIVE POLICIES: CONNECTING INDIVIDUAL PLACEMENT AND SUPPORT TO THE DOMAINS OF EMPLOYMENT AND MENTAL HEALTH CARE

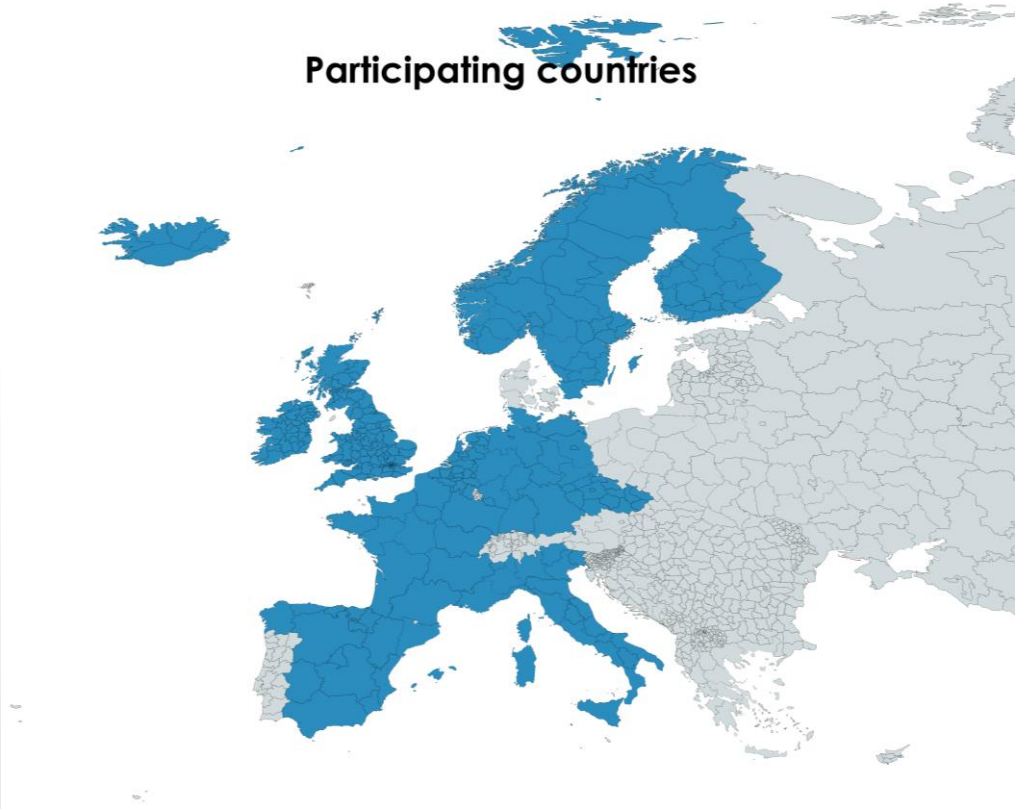
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Edward Hopper The Museum of Modern Art, New York.

Participating countries



13 EUROPEAN COUNTRIES

Belgium, Czech Republic,
Finland, France, Germany,
Iceland, Ireland, Italy,
Netherlands, Norway, Spain,
Sweden, United Kingdom

SET OF QUESTIONS



- IPS implementation official government policy?
- Main obstacles to IPS implementation in your country? Name two
- How can IPS contribute to achieving 'decent work' for clients?
- Has the initiative of the Belgian EU presidency in 2024 been followed up in your country's policy?
- Is policy in your country aimed at realizing recovery-oriented mental healthcare?
- Could you give some key policy recommendations regarding IPS?

IPS INCLUDED IN GOVERNMENT POLICY?

SIX COUNTRIES:

Finland: Ministry of Health

Iceland: combined efforts of Health, employment and social affairs

Ireland: Ministry of Health

Netherlands: Ministry of Employment primary driver, Ministry of Health also involved

Norway: Collaboration of Ministries of Health and of Employment

UK: Ministry of Health.

NB: Establishing a national policy targeting IPS is important, but will not immediately remove all obstacles

IN COUNTRIES WITHOUT IPS GOVERNMENT POLICY

- “IPS is in a transitional phase from pilot projects to broader structural embedding” (Belgium)
- “National project aimed at supporting implementation of IPS is completed (Czech Republic)
- “IPS mainly visible through professional positions, research, regional services and time-limited model projects” (Germany)
- “Our country has very decentralised form of governance, with large autonomy of regional councils” (Italy)
- “IPS developed mainly through local and regional initiatives, following a largely bottom-up pathway” (Spain)
- “IPS is official national recommendation but not a mandated national implementation programme” (Sweden)

DEVELOPMENT OF IPS IN EUROPEAN COUNTRIES

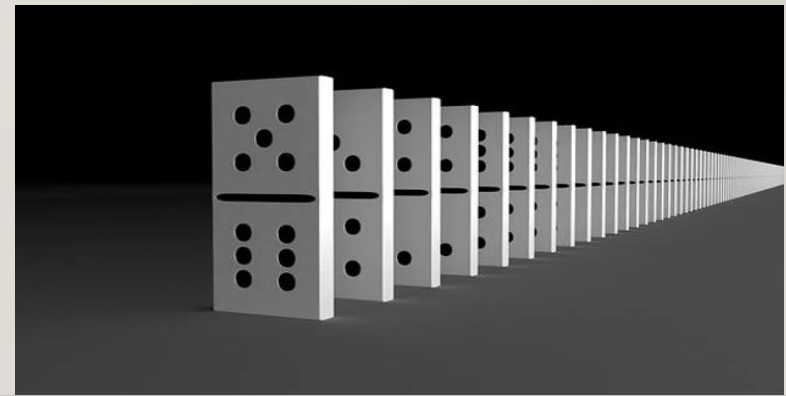


- Although at different speeds, countries follow a broadly similar developmental trajectory towards structural embedding of IPS
- Initial implementation is typically driven by local projects and committed professionals
- As evidence accumulates, IPS is being incorporated in professional guidelines
- Then attention shifts towards institutional recognition, sustainable funding, quality assurance, workforce development and governance mechanisms supporting intersectoral collaboration
- Countries with more mature IPS systems focus on fidelity monitoring, long-term outcomes and workforce sustainability rather than on simple programme expansion.

IMPLEMENTATION OBSTACLES FOR IMPLEMENTING IPS (N=13)

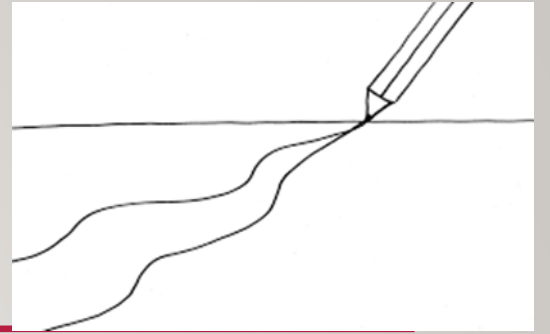
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- Poor intersectoral cooperation (9 out of 13 countries)
 - No stable funding (7/13)
 - Culture of 'train-then-place' (6/13)
 - Limited capacity and limited access to IPS (5/13)
 - No national implementation strategy and infrastructure (4/13)
 - Difficult to ensure IPS fidelity (2/13)
 - Coverage of implementation costs (1/13)

NB: Representatives could only mention two obstacles



POLICY RECOMMENDATIONS

(N=9 COUNTRIES)



- Legal recognition of IPS as a preferred intervention (5 countries: Germany, Italy, Spain, France, Norway)
- Organize IPS implementation and quality assurance at national level (7 countries: Germany, Spain, Sweden, Italy, NL, Iceland, UK)
- Establish intersectoral collaboration at national and regional level (5 countries: Spain, Sweden, France, Norway, UK)
- Engage and support employers (6 countries: Germany, France, Iceland, NL, Norway, UK)
- Make IPS accessible to all clients who need it (6 countries: Germany, Spain, France, Iceland, NL, UK).

MENTAL HEALTH AT WORK

(WHO & ILO, 2022)

Prevent work-related mental health conditions

through psychosocial risk management: using organizational interventions to reshape working conditions, cultures and relationships.

Protect and promote mental health at work

training and interventions that improve mental health literacy, strengthen skills to recognize and act on mental health conditions at work, and empower workers to seek support.



Support workers with mental health conditions

to participate fully and equitably in work through reasonable accommodations, return-to-work programmes and supported employment initiatives.

Create enabling environment

improve mental health at work through leadership, investment, rights, integration, participation, evidence and compliance.

TOWARDS AN INTEGRATED APPROACH

- Decent work: “Productive work for people in conditions of freedom, equity, security and human dignity”
- An integrated approach is needed that addresses workers’ mental health and employment challenges concurrently (16).
- In 2024, the Belgian Presidency of the European Union took the initiative to realize this
- Objective: a European directive that supports efforts of member states in two directions:
 - to prevent onset of mental ill-health linked to working conditions (primary prevention)
 - to create an inclusive labour market that supports groups at high risk of exclusion (secondary and tertiary prevention)
- Priority: to identify policies promoting sustainable employment and personal growth adapting to the unique needs of each individual.

IPS PART OF INTEGRATED APPROACH OF 'DECENT WORK' AND MENTAL HEALTH?

- In most participating countries policy developments, although fragmented, are increasingly aligned with the European ambitions promoted during the Belgian Presidency
- IPS should not be an isolated intervention in the pursuit of decent work and mental health in the workplace
- However: conceptual distinction between IPS and broader workplace mental health policies
- IPS cannot by itself create decent work, but can help clients sustain quality employment by offering individualized support to workers and employers, including workplace accommodations.



CONCLUSIONS

- Consistent patterns of barriers and facilitators in disseminating IPS across different welfare systems and governance arrangements
- IPS is certainly not a panacea for the vocational integration of people with mental illness
- But IPS does offer an active, successful labour market strategy, and can act as a catalyst for closer collaboration between health, employment and social policy sectors
- IPS most effective when embedded within recovery-oriented mental health services and supported by coherent employment, disability and social policies.

QUESTION FOR THE DISCUSSION

Most countries lack a cross-government framework on mental health at work (as suggested during Belgian EU presidency in 2024)

- How important is such a framework for IPS practice in your country? And what can be done to develop such a strategy?

