

IPS in Europe is coming of age

Gary Johnston & Angelo Fioritti

Rotterdam, 23rd september 2026

VI European Collaborative on IPS Meeting

Europe's IPS journey: evidence, systems, inclusion



Over two decades, IPS has developed from a promising imported model into a European movement spanning research, policy and practice.

The question is no longer only “does IPS work?” but:

“How do we make high-quality IPS accessible, sustainable and relevant to changing populations and labour markets?”

IPS journey begins in the USA



Stage 1: 2003–2009

Proving effectiveness and transferability

- The 2003 Rimini meeting initiated the **six-site EQOLISE** collaboration and the first intensive European IPS training.
- EQOLISE showed that **IPS can outperform** existing vocational services across different European welfare, labour-market and mental-health systems.
- Subsequent **trials and pilots** in England, Italy, the Netherlands, Spain and Scandinavia strengthened the case for European transferability.
- Turning point: employment began to be treated as a **recovery and health outcome**, not an optional add-on.

The effectiveness of supported employment for people with severe mental illness: a randomised controlled trial

Tom Burns, Jocelyn Catty, Thomas Becker, Robert E Drake, Angelo Fioritti, Martin Knapp, Christoph Lauber, Wulf Rössler, Toma Tomov, Jooske van Busschbach, Sarah White, Durk Wiersma, for the EQOLISE Group*

Summary

Background The value of the individual placement and support (IPS) programme in helping people with severe mental illness gain open employment is unknown in Europe. Our aim was to assess the effectiveness of IPS, and to examine whether its effect is modified by local labour markets and welfare systems.

Methods 312 patients with severe mental illness were randomly assigned in six European centres to receive IPS (n=156) or vocational services (n=156). Patients were followed up for 18 months. The primary outcome was the difference between the proportions of people entering competitive employment in the two groups. The heterogeneity of IPS effectiveness was explored with prospective meta-analyses to establish the effect of local welfare systems and labour markets. Analysis was by intention to treat. This study is registered with ClinicalTrials.gov, with the number NCT00461318.

Findings IPS was more effective than vocational services for every vocational outcome, with 85 (55%) patients assigned to IPS working for at least 1 day compared with 43 (28%) patients assigned to vocational services (difference 26·9%, 95% CI 16·4–37·4). Patients assigned to vocational services were significantly more likely to drop out of the service and to be readmitted to hospital than were those assigned to IPS (drop-out 70 [45%] vs 20 [13%]; difference –32·1% [95% CI –41·5 to –22·7]; readmission 42 [31%] vs 28 [20%]; difference –11·2% [–21·5 to –0·90]). Local unemployment rates accounted for a substantial amount of the heterogeneity in IPS effectiveness.

Interpretation Our demonstration of the effectiveness of IPS in widely differing labour market and welfare contexts confirms this service to be an effective approach for vocational rehabilitation in mental health that deserves investment and further investigation.

Lancet 2007; 370: 1146–52

See [Comment](#) page 1108

*Collaborators listed in full at end of article

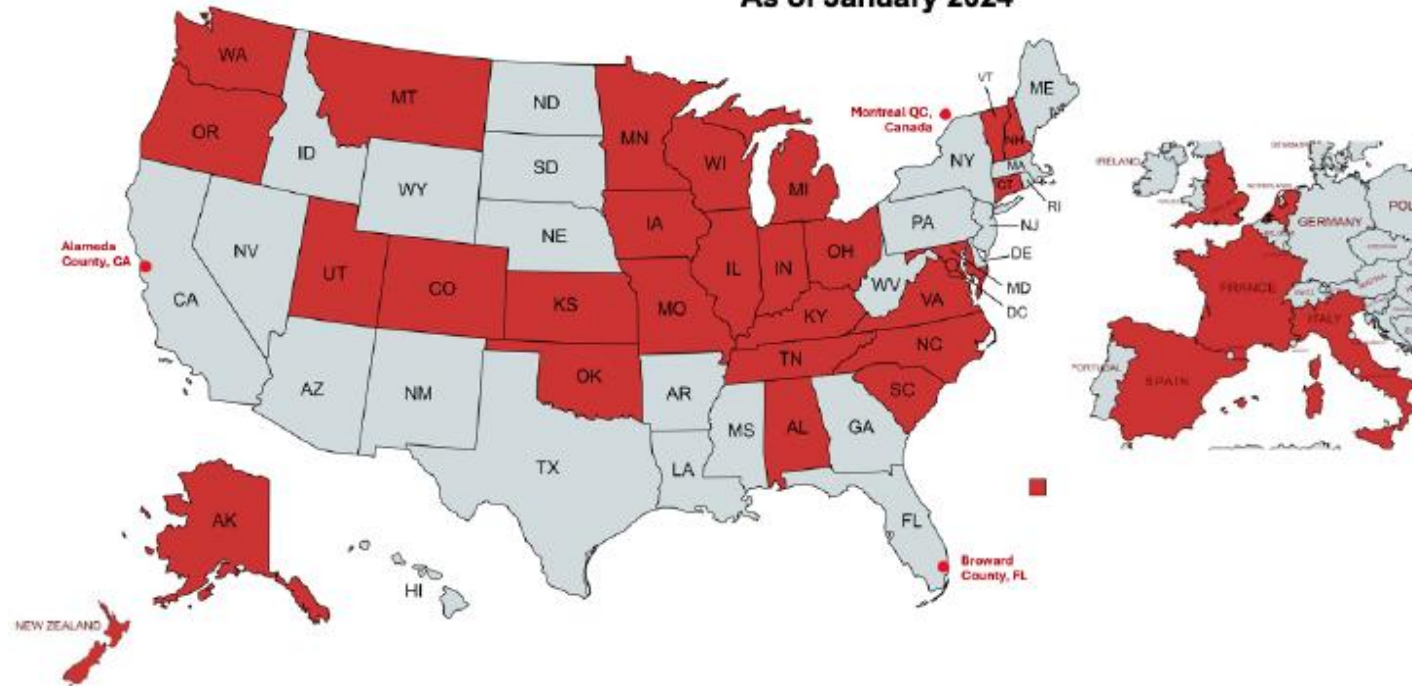
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Stage 2: 2010–2020

From pilots to visibility and sustainment

- Local champions, national leaders and implementation studies converted evidence into services.
- Countries developed different routes: national policy and funding, regional programmes, NGO-led delivery, or research-centre pilots.
- Fidelity review, outcome monitoring, workforce training and learning communities became the infrastructure for quality.
- The European IPS Learning Community, formed from 2018–2020, created a shared space for peer learning across diverse systems.

International IPS Learning Community As of January 2024



Stage 3: 2021 onwards

Quality, equity and new frontiers

- IPS is extending beyond severe mental illness to young people, substance use, homelessness, autism and learning disability, prison leavers, primary care and wider health conditions.
- The focus is shifting from job entry alone towards fidelity, access, equity, job quality, retention and sustainable funding.
- Recent European research is examining implementation context, integration with treatment, workplace intervention and socioeconomic value.
- Central tension: adapt IPS to new populations without diluting its core principles.

Epidemiology and Psychiatric Sciences

cambridge.org/eps

Editorial

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Boosting the development of individual placement and support in Europe

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European Union - IPS highly recommended



Programme

Conference on Mental Health and Work

Résidence Palace, Brussels

30-31 January 2024

31 January:

Start-Stay-Return to work

8.30 – 9.00

Welcome and coffee

Room Polak

Moderator: Caroline Costongs, Director of EuroHealthNet

What is changing around IPS in Europe? (1)

- **Labour markets:** persistent vacancies coexist with economic inactivity, insecure work, platform work and uneven job quality.
- **IPS ecosystems:** outcomes increasingly depend on links among healthcare, welfare, employment services, municipalities, employers and community organisations.
- **AI and digitalisation:** recruitment algorithms, digital applications and remote work can widen opportunity or create new exclusion. IPS needs digital inclusion and ethical safeguards.

What is changing around IPS in Europe? (2)

- **Population health:** rising complexity, comorbidity and demand for earlier intervention broaden the settings in which employment support is relevant.
- **Demography:** ageing populations and workforce shortages strengthen the economic case for inclusive labour markets while requiring age-sensitive support.
- **Decent work:** success measures are moving beyond job entry towards preferences, pay, hours, security, adjustments, retention and worker experience.
- **Equity:** access and outcomes require attention to disability, migration, poverty, geography and other structural barriers without weakening zero exclusion.

Observations from the European journey

1. **Evidence** opens the door; **institutions** determine whether IPS stays.
2. There is **no single European route to scale**, but common enabling conditions recur: leadership, funding, integration, fidelity, data, workforce and peer learning.
3. Expansion should be accompanied by **transparent testing**: for whom, in which setting, with what adaptations and with what outcomes?
4. **Job quality and healthy workplaces** complement IPS but should not blur the model's purpose or accountability.
5. **Europe's diversity is an asset**: cross-country comparison can reveal which elements are universal and which must be locally designed.

Next IPS Europe Learning Community focus?

- What must remain **non-negotiable** as IPS expands?
- **Which gap** is most urgent in your country:
 - access, funding, workforce integration,
 - fidelity, data or employer partnership?
- What one **shared European asset** should we build next:
 - a minimum dataset,
 - implementation benchmarks,
 - workforce standards,
 - adaptation guidance
 - research observatory?



Background :European IPS Learning Community



Meetings at a
glance

2021 Reykjavík, Iceland

2022: Berlin, Germany: 2023:

2023: Rimini Italy : celebrate 20years of IPS in Europe

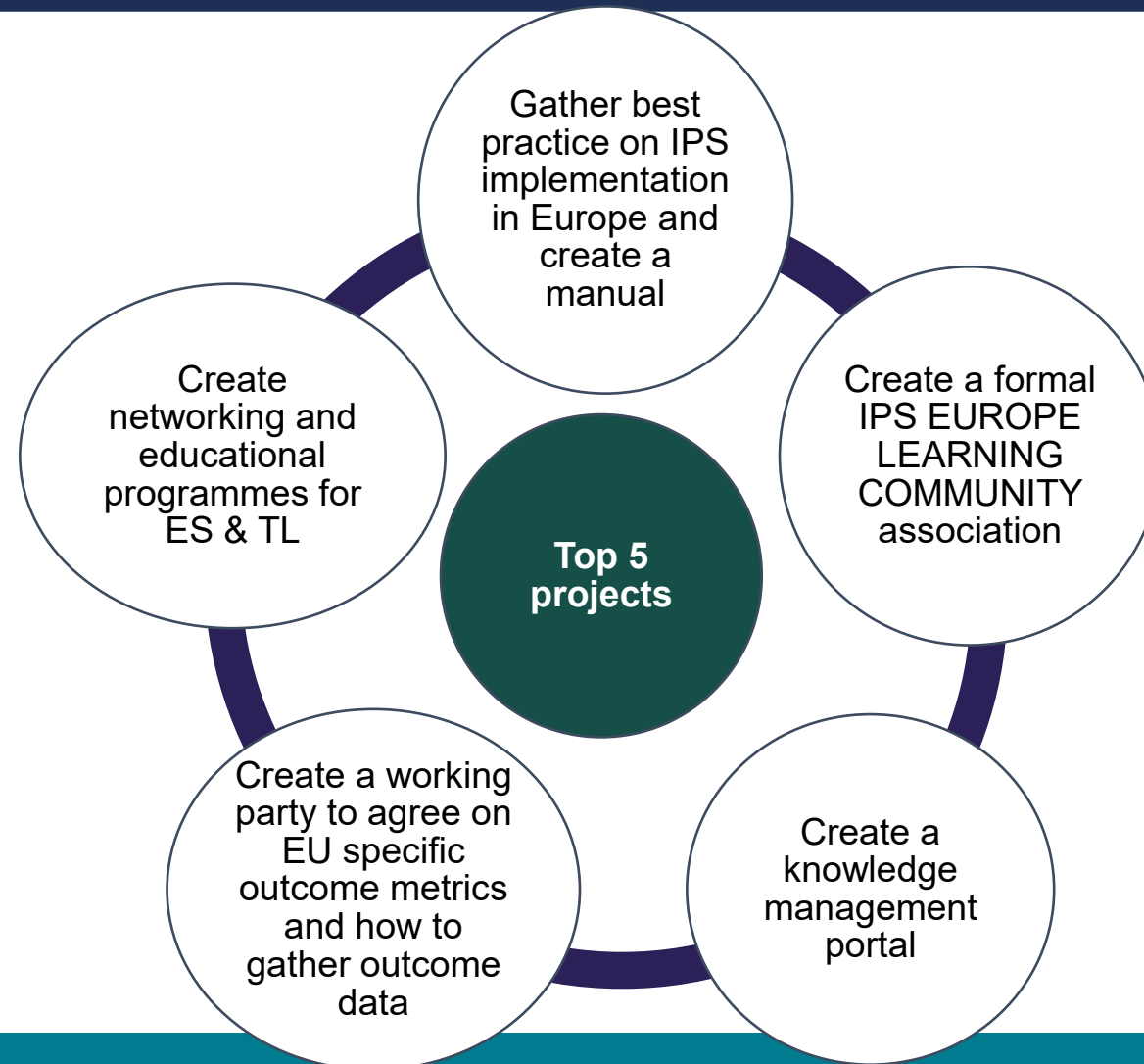
2024 Dublin Ireland:

2025: Helsinki Finland:

2026: Rotterdam The Netherlands:

Generated 20 work streams:

Voted on 5 workstreams to support the scale up of IPS across Europe



Links with USA

We always respectful of the IPS International Community and our links:

2021: Bob Drake presented virtually

2022: Sarah Swanson presented in person

2023: Debbie Becker and Bob Drake presented a session virtually

2025: Franco Mascayano presented virtually

Next steps for the IPS Europe Learning community



Ensure strong links with USA and international community

Build links with EU mental health Directorate



Hold annual IPS Europe Learning Community face to face
Formalise our network



Identify funding sources and grants for cross EU working

To date: Erasmus grant won + Genio grant won

+ bid for INMIND project (led by Belgium) + COST open call (led by Spain)

How do we
continue as a
group?

Whats needed for the IPS Europe Learning
Community to continue and flourish?



Thank you for your attention