



IPS in the Netherlands and across Europe

Developments and the way forward

Lars de Winter

Phrenos Center of Expertise, the Netherlands



The theme of this conference

IPS in a changing and diverse landscape.

Shaping the future of IPS together



The topics

1. A small history lesson
2. IPS in the Netherlands
3. Current strengths and challenges
4. Shaping the future of IPS



A small history lesson

Rotterdam: a city symbolizing rebuilding





A small history lesson

<1960	1960-1970	1970-1980	1980-1990	1990-2000	2000-2010	2010-Now
Inpatient MHC	Shift towards patient autonomy and ethical reform		Regional outpatient MHC		(F-)ACT introduced: EBP	Decentralisation act
				Early 90's Introduction SE	2002: Introduction IPS	2010-now: Expansion IPS and other SE

So: we're building on a long history!



A small history lesson

2002 is a long time ago!





A small history lesson

Some milestones for IPS in the Netherlands:

- 2004: First implementation study at 4 MHC organizations (Van Erp e.a., 2007)
- 2007: Effectiveness of IPS for SMI established through RCT (Michon e.a., 2014)
- 2012: Start national funding IPS for SMI from national employee insurance agency (UWV)
- 2021: IPS implementation study for CMD (de Winter e.a., 2021) led to expansion of funding for CMD clients
- 2021: Start project Hoofdzaak } Werk: stimulating regional collaborations
- 2022: National funding of IPS for municipalities, structural since 2027!



IPS in the Netherlands

How it's organized:

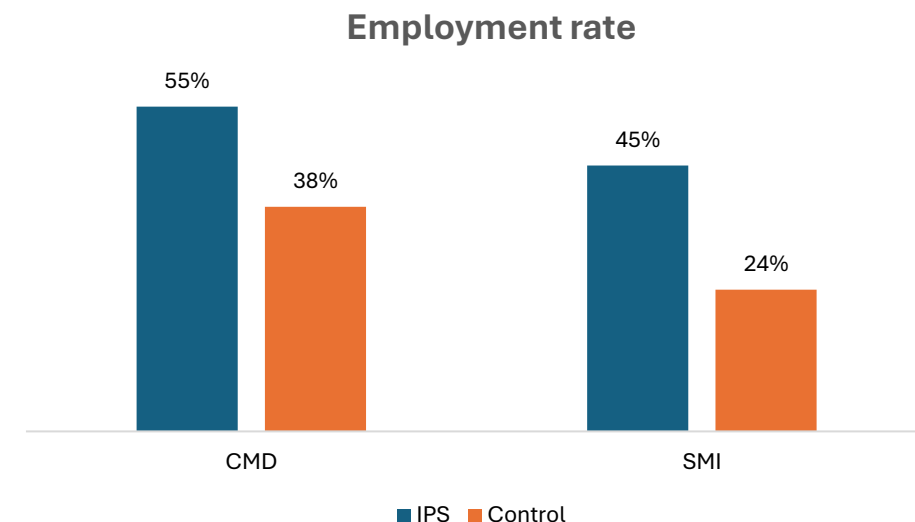
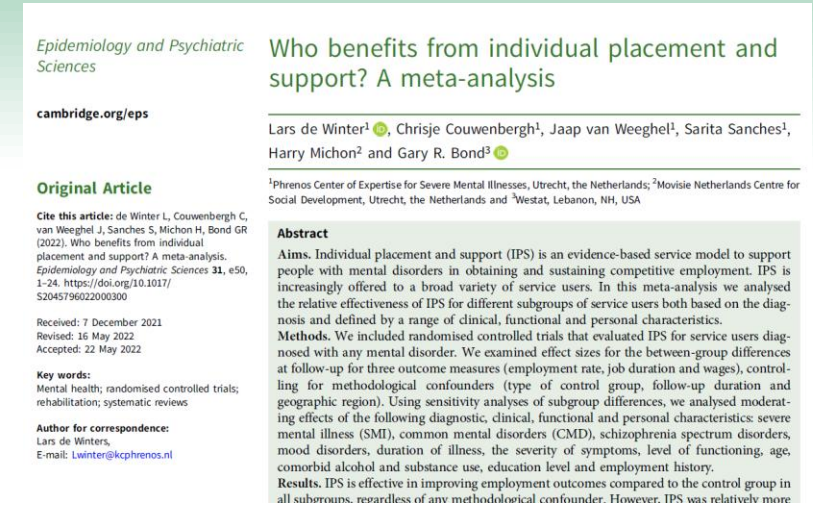
- Implemented in specialized MHC and supported housing
- Target group: people with SMI and CMD with at least one year of mental healthcare
- Funded by UWV for people with sickness benefits and municipalities for people with social benefits
- Strict quality standards managed by Phrenos:
 - Starting with implementation plan based on quality standards → gatekeeping
 - Elaborate training program
 - Quality assurance through fidelity (every 2 years) and outcome monitoring



IPS in the Netherlands

Motivation for focus on more severe mental illness:

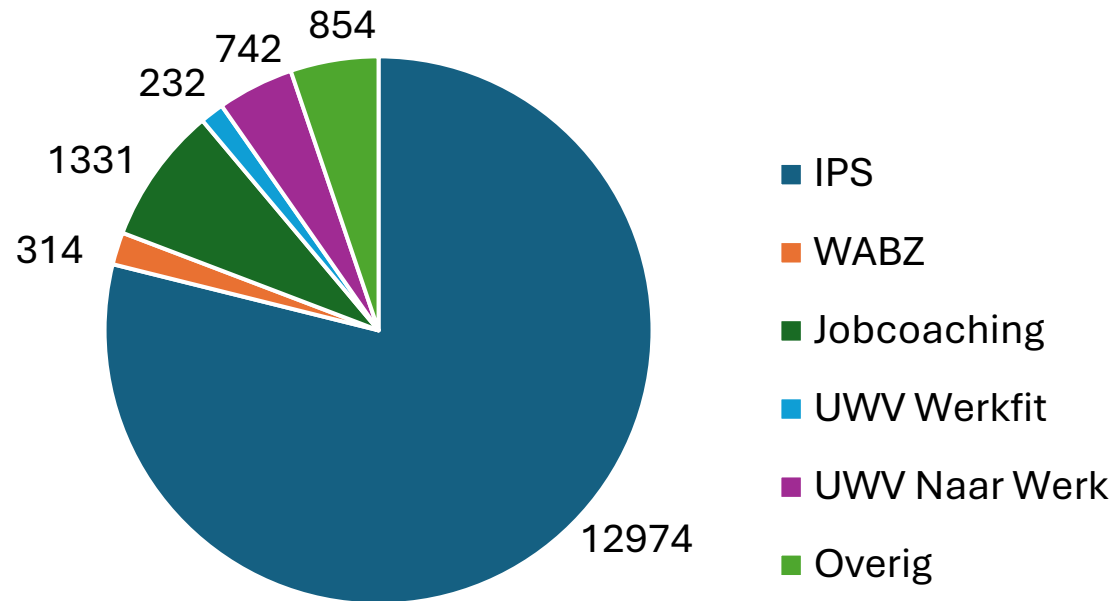
- IPS most favorable for all target groups, but:
- Relatively **stronger** effectiveness for: SMI and psychotic disorder group
- Low effect size for CMD
- Explanation: employment outcome also relative good in other types of SE
- Less severe mentally ill might also profit from less intensive forms of SE





IPS in the Netherlands

IPS is the dominant type of SE in mental health: +/-80%

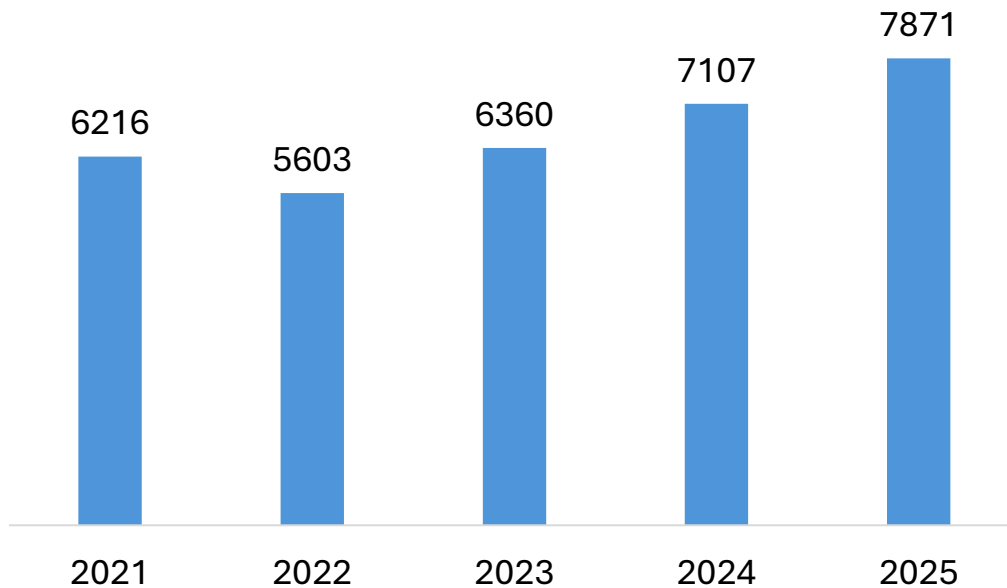




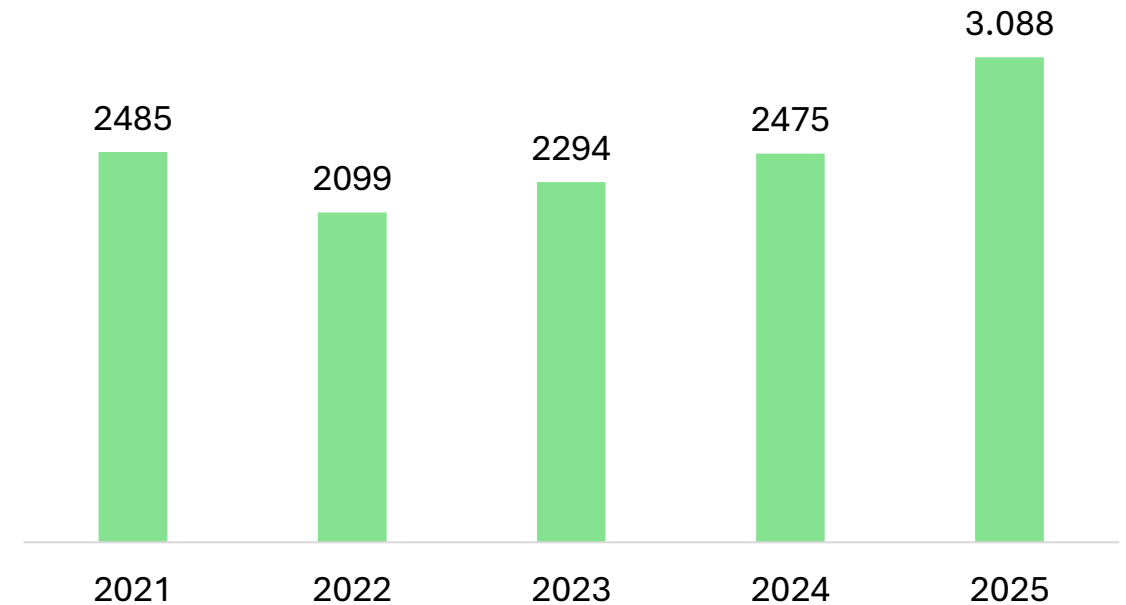
IPS in the Netherlands

Growth in the past 5 years

Number of people in IPS



Number of people started IPS



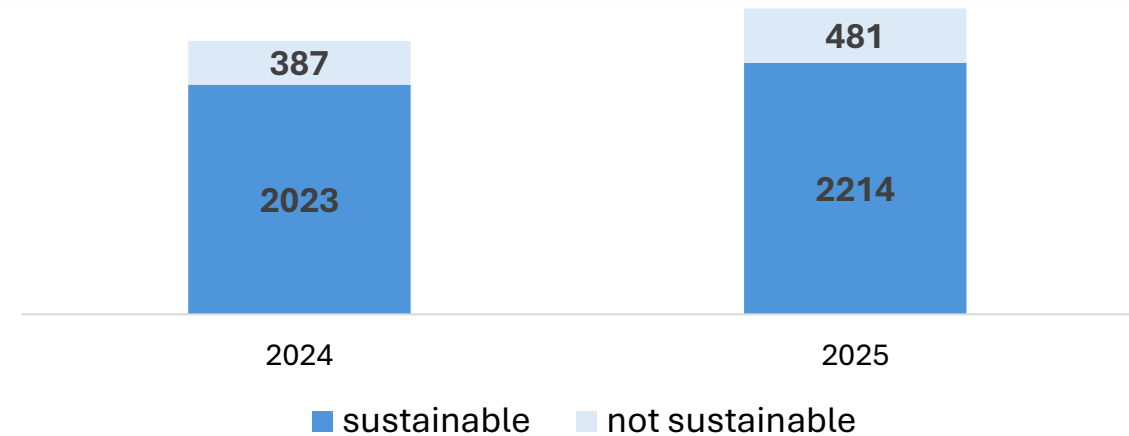


IPS in the Netherlands

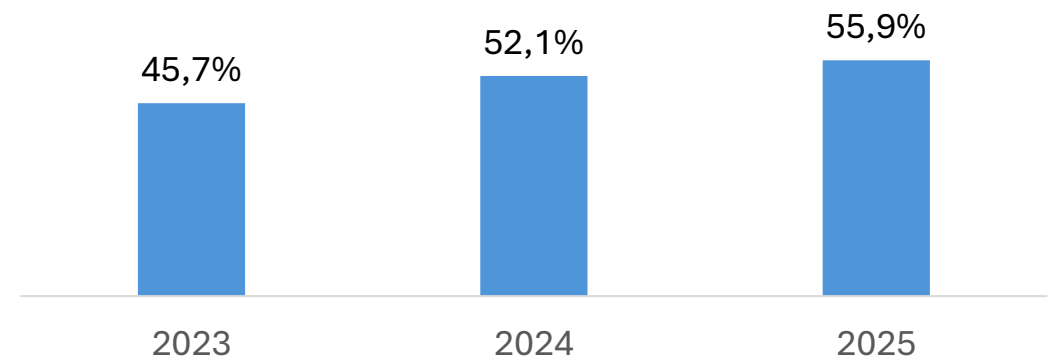
Results:

- Almost 2.700 people competitively employed while being in IPS in 2025
- >80% in sustainable employment (longer contracts, more working hours)
- More than half (56%) finalized IPS with competitive employment
- Employment rates and favorable results grow over the years!

Number of people in employment



% finalized IPS with work





IPS in the Netherlands

Many research projects:

- RCT IPS for severe mental illnesses (Michon e.a., 2014)
- Feasibility and results IPS for common mental disorders (De Winter e.a., 2021)
- IPS in sheltered housing versus MHC (Roeg e.a., 2022)
- The value of fidelity and IPS (e.g., De Winter e.a., 2020; Van Weeghel, 2020)
- Cost-effectiveness (e.g. Vukadin e.a., 2024)
- IPS implementation and effectiveness in municipalities (Oude Geerdink, e.a., 2025)
- Add-on interventions: e.g. cognitive remediation (Van Duin e.a., 2021) and CORAL (Janssens e.a., 2022)
- Pilots for IPS in different alternative target groups: cancer survivors, traumatic brain injury and intellectual disabilities → not broadly implemented yet



Current strengths

Project Hoofdzaak } Werk

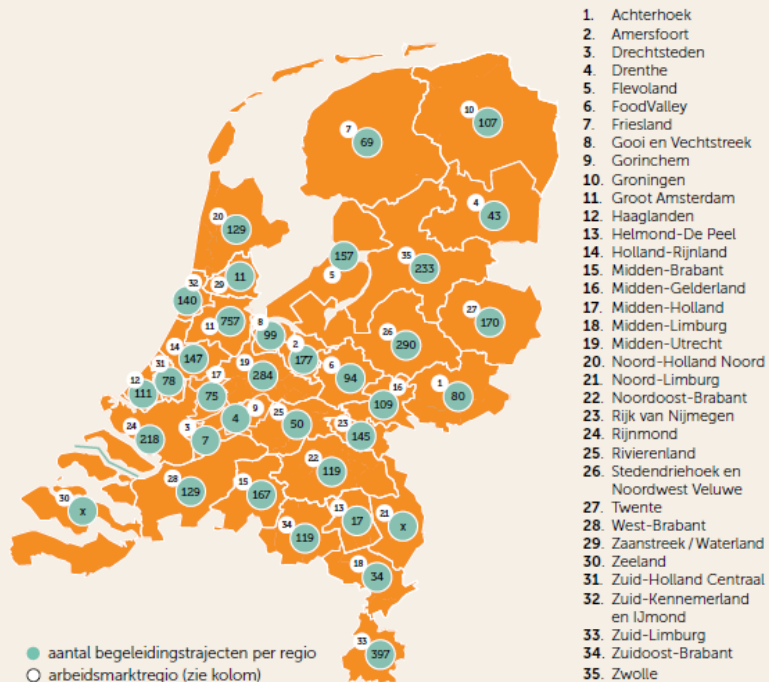
- National project: 2021-2026
- Goal: expansion and growth of employment support for people with mental illnesses (not only IPS)
- Regional collaborations between MHC, municipalities, UWV
- More streamlined infrastructure in cross-domain collaborations within the region
- National governance and lobby → structural funding IPS from municipalities as a result
- National covenant extended till 2030: more focus on youth and prevention



Current strengths

Regional expansion

Aantal ingezette **begeleidingstrajecten**
naar werk per arbeidsmarktregio
van 2021 t/m 2023



Aantal ingezette **begeleidingstrajecten**
naar werk per arbeidsmarktregio
van 2023 t/m 2025



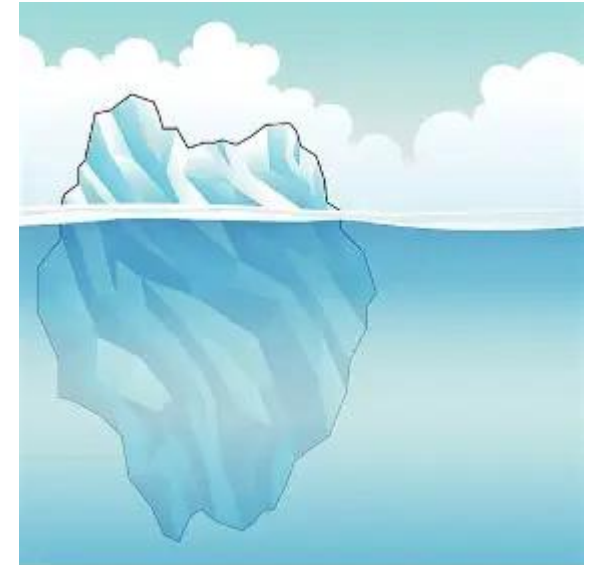


Current challenges

Growth – Quality assurance gap

- 2023-2025: 13.000 people in IPS, but:
- Almost 300.000 with SMI in specialized MHC
- A lot of people still don't have access, but expansion is not easy:
 - Funding limited to certain numbers per year
 - IPS is complex to implement for MHC
 - With expansion comes more training, support and quality control, which is not structurally funded

Tip of the iceberg





Current challenges

Quality has its costs

- MHC teams report that funding of IPS does not cover the costs of implementation
- Many municipalities claim IPS is a very expensive method to invest in
- Government is bounded by national budgets

Challenging to match all perspectives and keep everyone satisfied





Current challenges

Still inequality despite good results

- Half of all IPS clients finds employment during IPS
- But +/- 80% of entire population is employed
- The gap is still there. Some explanations:
 - Individual barriers: e.g. self-confidence, experienced stigma and (social-)cognitive problems
 - Contextual barriers: e.g. employers unwilling, discouraged by MHC, benefits trap





Shaping the future of IPS

Improve accessibility, optimize results

- Giving access to IPS for all clients within the MHC
- Tailor individual challenges of clients better during IPS using flexible add-on interventions
- Give clients opportunities and tools to work on their challenges themselves
- Work on the system: motivate employers, remove systemic barriers and advocate the value of employment



STEP-UP project

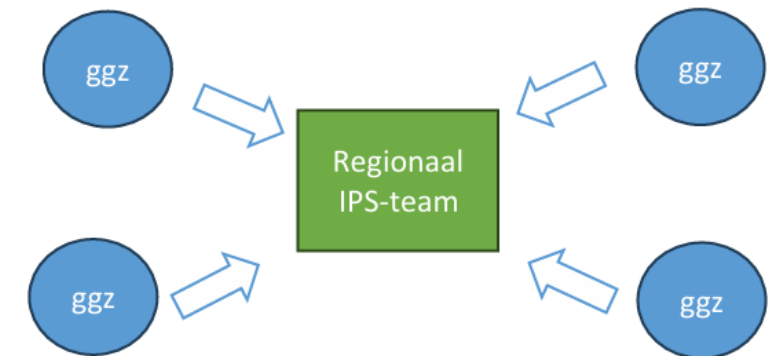


Shaping the future of IPS

Regional collaboration and attractive alternatives

- IPS implementation can not always be carried by one organization
- Working on regional coalitions for collaboration, following IPS quality standards
- IPS is not suitable for everyone, but an attractive program
- Develop attractive alternatives for other target groups and setting to prevent 'wild growth'

2. Samenwerking tussen meerdere ggz-organisaties of organisaties voor beschermd wonen





Shaping the future of IPS

Ongoing efforts to keep IPS on the agenda

- Ongoing lobby from national stakeholders
- Local champions in the organization
- Regional coordinators advocating regional investments
- IPS specialists spreading the word
- Ongoing elaborate monitoring to show results on all levels





What to expect this conference?

Day 1: policy

- Developments in European network
- Research update with latest developments
- Learnings for sustainable implementation

Day 2: practice

- Employer engagement and shaping workplaces
- Pilots with other target groups
- IPS training and professional competencies

The whole conference:

Inspiring workshops, round table discussions, networking moments



Thank you!

It's not just about models and numbers

It's about people and changing lives!

