

How can EU facilitate the further implementation of IPS in a more structural and sustainable way in European member states ?

Round table discussion
Moderator: Chantal Van Audenhove



Speakers round table

- Saskia Decuman, Nat. Institute Health Disability Insurance, Belgium
- Lars Dewinter, researcher, Knowledge Center Phrenos, Netherlands
- Angelo Fioritti, Director Dep MH&Addictions & IPSILON, Bologna, Italy
- Hlynur Jonasson, Experienced IPS & Employment counselor, Iceland

Moderator:

- Chantal Van Audenhove, Care Research, KU Leuven, Belgium



Tansella & Thornicroft,
the British Journal of
Psychiatry (2009) 195,
283–285.

		Phase		
		Adoption: intention to implement EBP	Early implementation of EBP	Persistence of implementation of EBP
Facilitator/ barrier factors	Level			
	National	Advocacy and lobby groups Policy measures promoting EBP Opinion leaders and champions National policy on financial incentives	Networks of implementation sites Guideline flexibility Guideline feasibility Creation of financial and other incentives Creation of effective monitoring and feedback systems	Networks of implementation sites Consistency and persistence of policy and practice guidance, and financial incentives Effective feedback systems to policy makers
	Local	Local commissioning priorities Opinion leaders and champions Clinical and professional culture	Initial availability of resources to implement EBP Information technology systems Leadership and champions Consistency of local policy and practice guidance Clinical and professional culture Staff financial and other incentives Training Systems for assessing practice fidelity	Continuing availability of resources to implement EBP Staff turnover and continuing staff training Clinical and professional culture Financial and other staff incentives Systems to assess practice fidelity Effective feedback systems to staff
	Individual	Patient advocacy Carer advocacy Practitioner preferences	Practitioner preferences and characteristics Academic detailing Knowledge/training about EBP Awareness of litigation about EBP Patient characteristics and preferences	Academic detailing Awareness of litigation about EBP

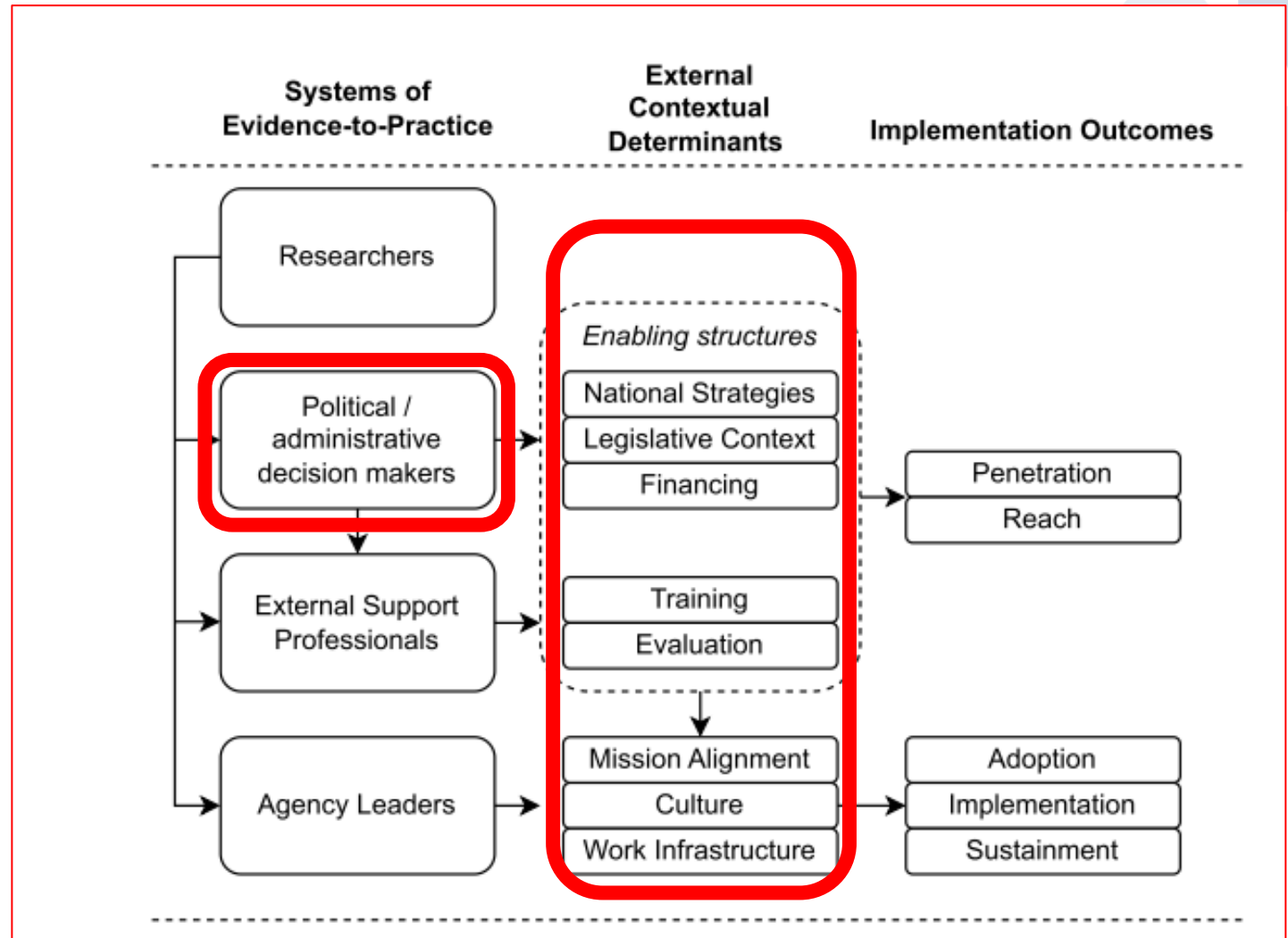
Fig. 1 Facilitators and barriers to the implementation of evidence-based practice (EBP).

Each of the factors described may act as either a facilitator or a barrier. The grey elements represent potential gaps or barriers between the three stages and the three levels of implementation.



		Phase		
Level		Adoption: intention to implement EBP	Early implementation of EBP	Persistence of implementation of EBP
Facilitator/ barrier factors	National	<ul style="list-style-type: none"> Advocacy and lobby groups Policy measures promoting EBP Opinion leaders and champions National policy on financial incentives 	<ul style="list-style-type: none"> Networks of implementation sites Guideline flexibility Guideline feasibility Creation of financial and other incentives Creation of effective monitoring and feedback systems 	<ul style="list-style-type: none"> Networks of implementation sites Consistency and persistence of policy and practice guidance, and financial incentives Effective feedback systems to policy makers
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Harkko et al, Implementation Science (2023)

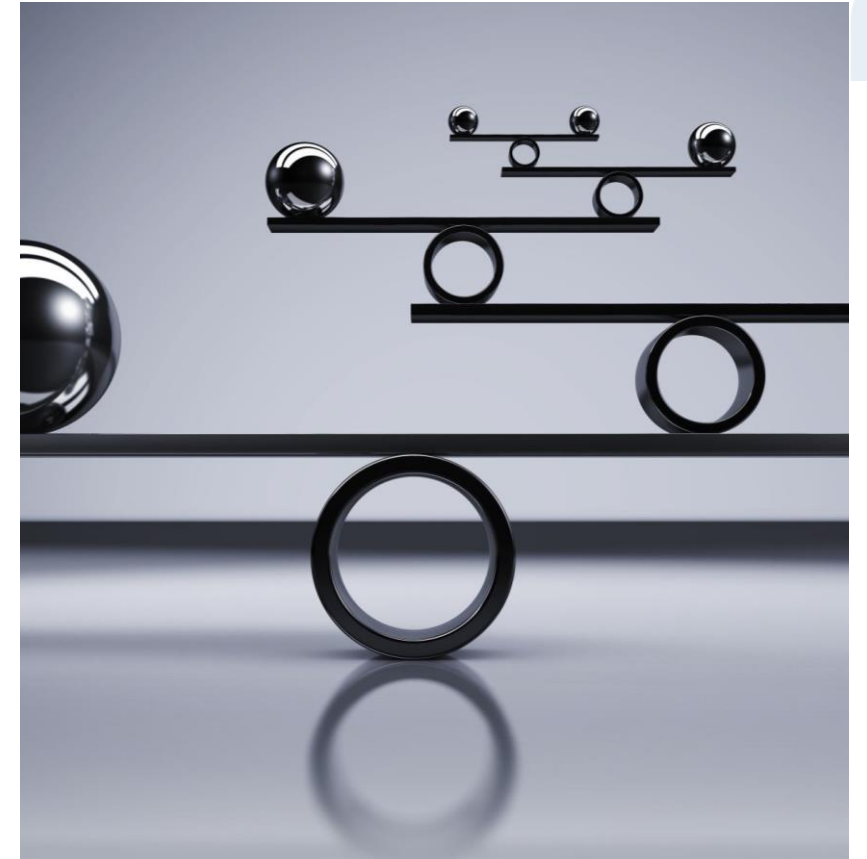




How can EU policy contribute to full implementation of IPS?

- How to facilitate full implementation in practice ?
- How to create a joint culture that promotes sustainable and full implementation of IPS ?
- Is difference between regions in avoidance of risks or intolerance for uncertainty an explanation ?
- How to work on the cultural differences ?

Hlynur Jonasson



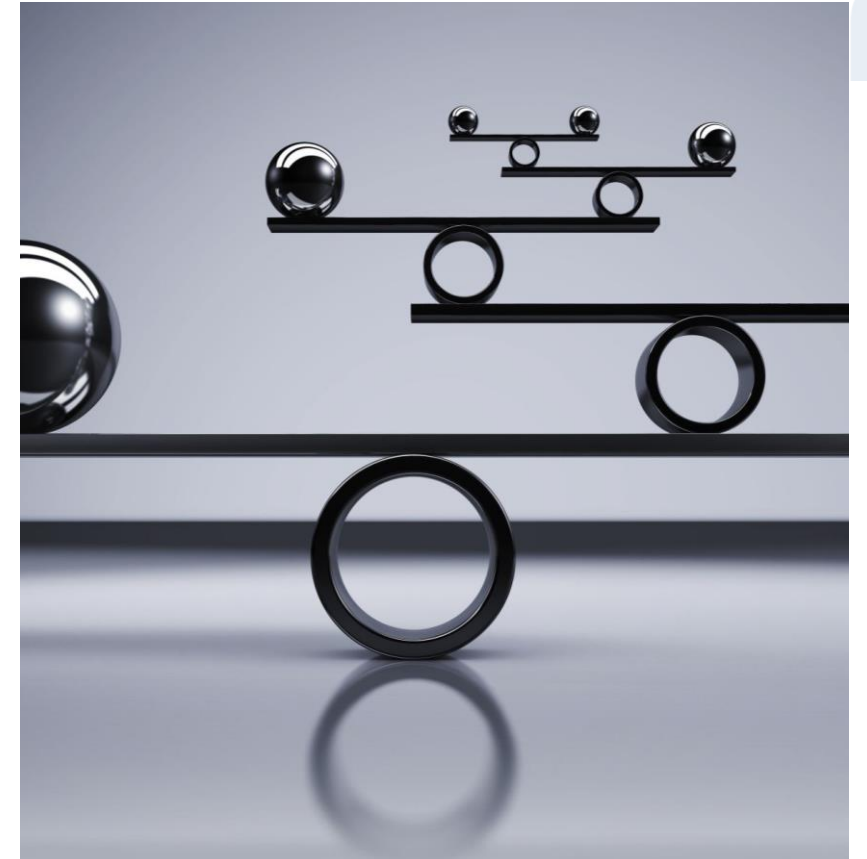
How can EU policy contribute to full implementation of IPS?

What about the contribution via research?

- introduction of European monitoring system
- use of fidelity scales
- licence or accreditation for IPS

Would it contribute to obtain full implementation in more regions more quickly ?

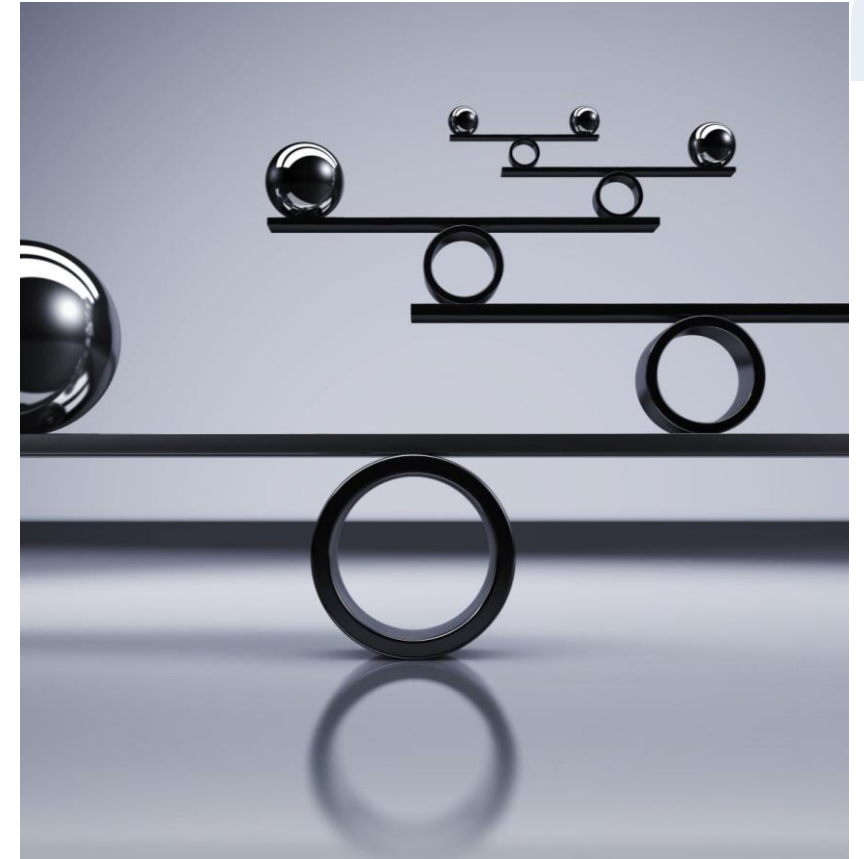
Lars De Winter



How can EU policy contribute to improve organizational contexts?

- How to stimulate the necessary integrated approach in policy & practice ?
- Which organizational changes are necessary ?
 - Support of leadership competencies ?
 - Changes in organizational cultures and joint values?
 - Collaboration between employment & psychiatry/Mental Health services ?
 - From silo's to integration and transdisciplinarity
 - Effective support for employers (training & coaching) ?
- Do we know good practices ready to be multiplied?
- What can be done top-down/bottom-up?

Angelo Fioritti

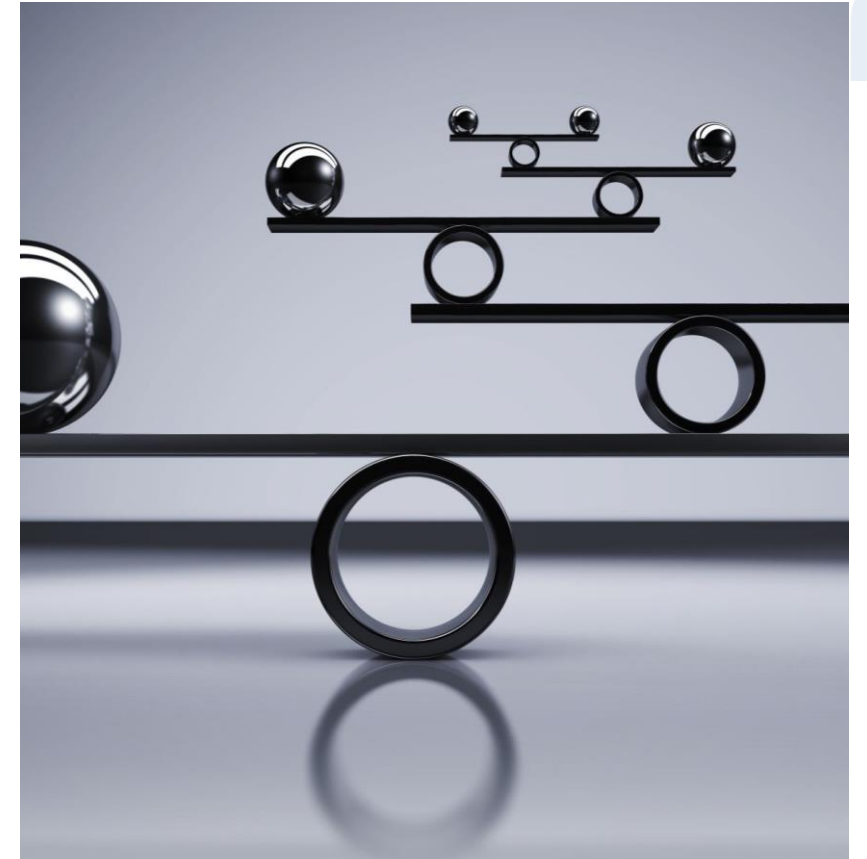


How can EU policy contribute at financial level?

How can financial means improve involvement in employment by IPS ?

- Support of regional networks ?
- Support of national policies ?

Saskia Decuman



- Jaap van Weeghel
- Saskia Decuman

The way forward...

...to help people with mental health problems in getting and keeping the paid jobs they want

1. Positive expectations (belief in work capacities of service users)
2. (Cost-)effective supports (IPS; also for employers!)
3. Adequate financing of IPS practices
4. Regional collaboration networks
5. Integrated policies and monitoring: whole-of-government is needed (OECD, 2021).



OECD (2021). Fitter minds, Fitter jobs: From awareness to Change in Integrated Mental Health, Skills and Work Policies, Mental Health and Work. OECD Publishing, Paris.



