Strategie per l'inserimento lavorativo
Le risposte dello studio EQOLISE

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L'importanza del lavoro

- Autostima
- Inclusione sociale
- Costi per la società
- Benefici della strutturazione del tempo quotidiano
  - Vari studi sugli ospedali psichiatrici
  - Esiti dell'IPSS nei paesi in via di sviluppo

La ricerca sugli inserimenti lavorativi

- Variabili individuali
  - sociodemografiche
  - cliniche
  - psicologiche
- Variabili ambientali
  - sociali
  - macroeconomiche
  - microeconomiche
- Interventi

Variabili sociodemografiche

- Relazione positiva con
  - storia lavorativa precedente (Campbell 07; Catty BJP 08)
  - livello di istruzione (Campbell 07)
- Nessuna relazione con
  - età, sesso etnicità (Campbell 07)
  - abuso di sostanze (Sengupta PRJ 98; Drake SB 06)

Variabili cliniche

- Relazione positiva con
  - Salute fisica (Cook PRJ 07; Waghorn SB 08)
  - Compromissione cognitiva (Dickerson JNMD 07; Mc Gurk AJP 07)
  - Precedenti ospedalizzazioni, sintomi attivi, diagnosi, compliance ai farmaci (Salkever PS 07; Becker PS 07)

Variabili ambientali

- Relazione incerta
  - Tassi di disoccupazione (Salkever PS 07; Burns *Lancet* 07)
  - Sistemi di welfare, regole del mercato del lavoro, valori dei datori di lavoro
    - Sistemi pensionistici di disabilità – Benefit trap (Burns 07, Bond PS 07; Livermore JVR 07)

Variabili legate agli interventi

- Strategie centrate sulla iniziativa individuale
- Strategie centrate sulla responsabilità sociale

Strategie per l'"inserimento" lavorativo

- Centrate sulla iniziativa individuale
  - Mainstreaming
  - Responsabilizzazione
  - Empowerment
  - Sostegno
  - Motivazione
  - *Place and support*
- Centrate sulla responsabilità sociale
  - Specializzazione
  - Responsabilizzazione istituzionale
  - Riserva
  - Tutela
  - Protezione
  - *Train and place*

Strategie per l'"inserimento" lavorativo

- Centrate sull'iniziativa individuale
  - Ricerca autonoma
  - Orientamento
  - Agenzie interinali (progetti speciali)
  - Supported Employment
  - Individual Placement and Support
  - Microcredito
- Centrate sulla responsabilità sociale
  - Borse lavoro (A, B, C…)
  - Tirocini, contratti formazione-lavoro
  - Cooperative B
  - Collocamento obbligatorio (l. 68)
  - Simulazione e creazione d'impresa

Situazione attuale

- Prevalenza delle attività di intrattenimento (pre-vocational) e formazione (vocational training) rispetto all'ingresso nel mondo del lavoro
- Aumento della popolazione con minori disabilità e con maggiori aspettative di reale lavoro

La ricerca sugli interventi

Lehman (1995): Nessun effetto sull'occupazione a lungo termine sino agli anni 1970

Nessun miglioramento nei lavori *competitivi* sino a supported employment negli anni 1990

Meta-analisi di 11 studi (Crowther 2001)

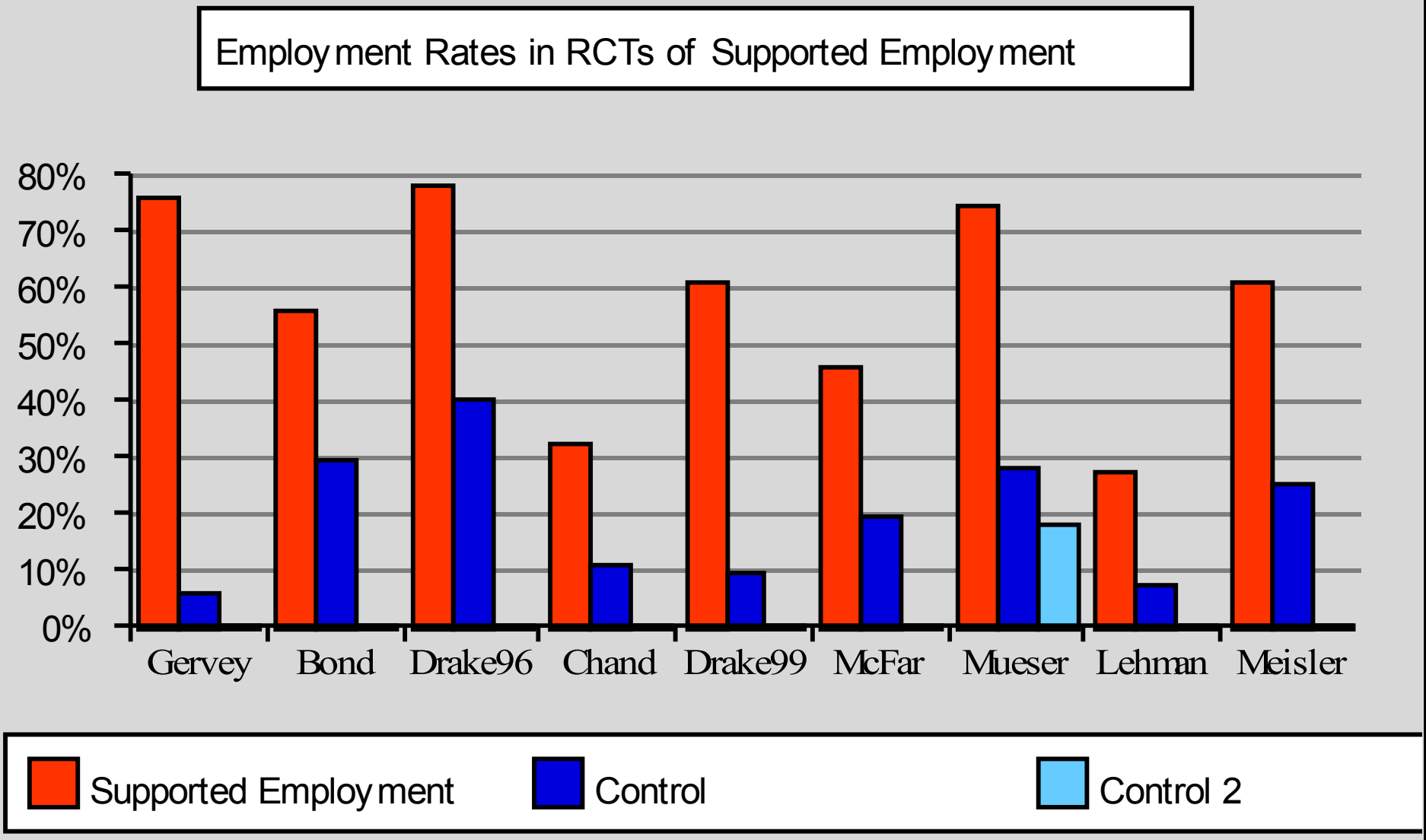
Supported employment : 34%

Riab. lavorativa standard : 12%

Analisi di 13 studi (Bond 2004)

Supported employment : 40-60%

Riab. lavorativa standard : 20%


Employment Rates in RCTs of Supported Employment
80%
70%
60%
50%
40%
30%
20%
10%
0%
Gervey
Bond
Drake96
Chand
Drake99
McFar
Mueser
Lehman
Meisler
Supported Employment
Control
Control 2

IPS – Individual Placement and Support

- Novità nel campo della riabilitazione lavorativa
- Primo format di intervento sul lavoro codificato come trattamento psicosociale
- Primo format manualizzato
- Primo format sottoposto a verifica empirica mediante studi randomizzati

Principi dell'IPS (Angelozzi PdC 07)

- Processo guidato dalle scelte della persona
- Supporto integrato nel trattamento
- Obiettivo occupazione competitiva
- Rapida ricerca
- Basata sulle preferenze della persona
- Supporto a tempo indeterminato

IPS - Metodologia

- Intervento gestito da uno specialista IPS della riabilitazione al lavoro che persegue come obiettivi:
  - Instaurare una buona relazione di fiducia con il cliente
  - Stabilire assieme a lui mete lavorative raggiungibili
  - Formulare un piano personalizzato
  - Assistere direttamente e personalmente il paziente nella ricerca, nell'ottenimento e nel mantenimento della posizione lavorativa
  - Evitare i corsi di formazione preliminari
  - Lavorare in stretta collaborazione con i Centri di Salute Mentale e con i Servizi Sociali.

Il Progetto EQOLISE

Enhancing
Quality
Of
Life
Implementing
Supported
Employment

MODELLI A CONFRONTO

EQOLISE

- 6 centri:
  - Londra (UK)
  - Rimini (I)
  - Ulm (D)
  - Zurich (CH)
  - Groeningen (NL)
  - Sofia (BUL)

EQOLISE

- 50 pazienti per ogni centro
- Diagnosi di schizofrenia o disturbo bipolare
- Età 19-45 anni
- Non inseriti nel mercato del lavoro negli ultimi due anni
- Desiderano lavorare

EQOLISE

50 pazienti
25 pazienti
25 pazienti
IPS
Trattamento ordinario
2 anni
Valutazione degli esiti
ogni 6 mm per 18 mm

Scopo del progetto

- Confrontare l'efficacia del modello IPS con quelli riabilitativi standard
  - Confronto USA – EU
  - Confronto tra Paesi EU
- Esiti su impieghi, costi, funzionamento clinico e sociale, soddisfazione dell'utente.
- Inferenze su qualil variabili legate al paziente ed al contesto (servizi e ciclo economico) favoriscono interventi tradizionali o l'IPS

Valutazione degli esiti

- Persone entrate nel mondo del lavoro regolare
- Giornate di lavoro svolte nel mondo del lavoro regolare
- Psicopatologia
- Soddisfazione e QOL
- Disabilità
- Uso dei servizi di ricovero

Strumenti

- OPCRIT
- PANSS
- CSSRI-EU
- GROENINGEN SOCIAL DISABILITY SCH.
- LANCASHIRE QUALITY OF LIFE PROFILE
- CAN
- HADS
- HELPING ALLIANCE SCALE
- JOB PREFERENCES INTERVIEW
- INDIANA JOB SATISFACTION SCALE

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**

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See Comment page 1108

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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.

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Predictors of employment for people with severe mental illness: results of an international six-centre randomised controlled trial

Jocelyn Catty, Pascale Lissouba, Sarah White, Thomas Becker, Robert E. Drake, Angelo Fioritti, Martin Knapp, Christoph Lauber, Wulf Rössler, Toma Tomov, Jooske van Busschbach, Durk Wiersma and Tom Burns, on behalf of the EQOLISE Group

Background
An international six-centre randomised controlled trial comparing individual placement and support (IPS) with usual vocational rehabilitation for people with serious mental illness found IPS to be more effective for all vocational outcomes.

Aims
To determine which patients with severe mental illness do well in vocational services and which process and service factors are associated with better outcomes.

Method
Patient characteristics and early process variables were tested as predictors of employment outcomes. Service characteristics were explored as predictors of the effectiveness of IPS.

Results
Patients with previous work history, fewer met social needs and better relationships with their vocational workers were more likely to obtain employment and work for longer. Remission and swifter service uptake were associated with working more. Having an IPS service closer to the original IPS model was the only service characteristic associated with greater effectiveness.

Conclusions
The IPS service was found to be more effective for all vocational outcomes. In addition, maintaining high IPS fidelity and targeting relational skills would be a valuable focus for all vocational interventions, leading to improved employment outcomes. Motivation to find work may be decreased by satisfaction with current life circumstances.

Declaration of interest
None. Funding detailed in Acknowledgements.

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The Impact of Supported Employment and Working on Clinical and Social Functioning: Results of an International Study of Individual Placement and Support

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there is sufficient evidence of work having beneficial effects on clinical and social functioning to merit further exploration.

Key words: vocational rehabilitation/psychosis/outcomes

Introduction

Despite available vocational rehabilitation and the willingness to work, rates of competitive employment for people with severe mental illness (SMI) rarely exceed 10%–20%.[1] Several studies have found Individual Placement and Support (IPS) more effective at increasing competitive employment in this group than traditional vocational

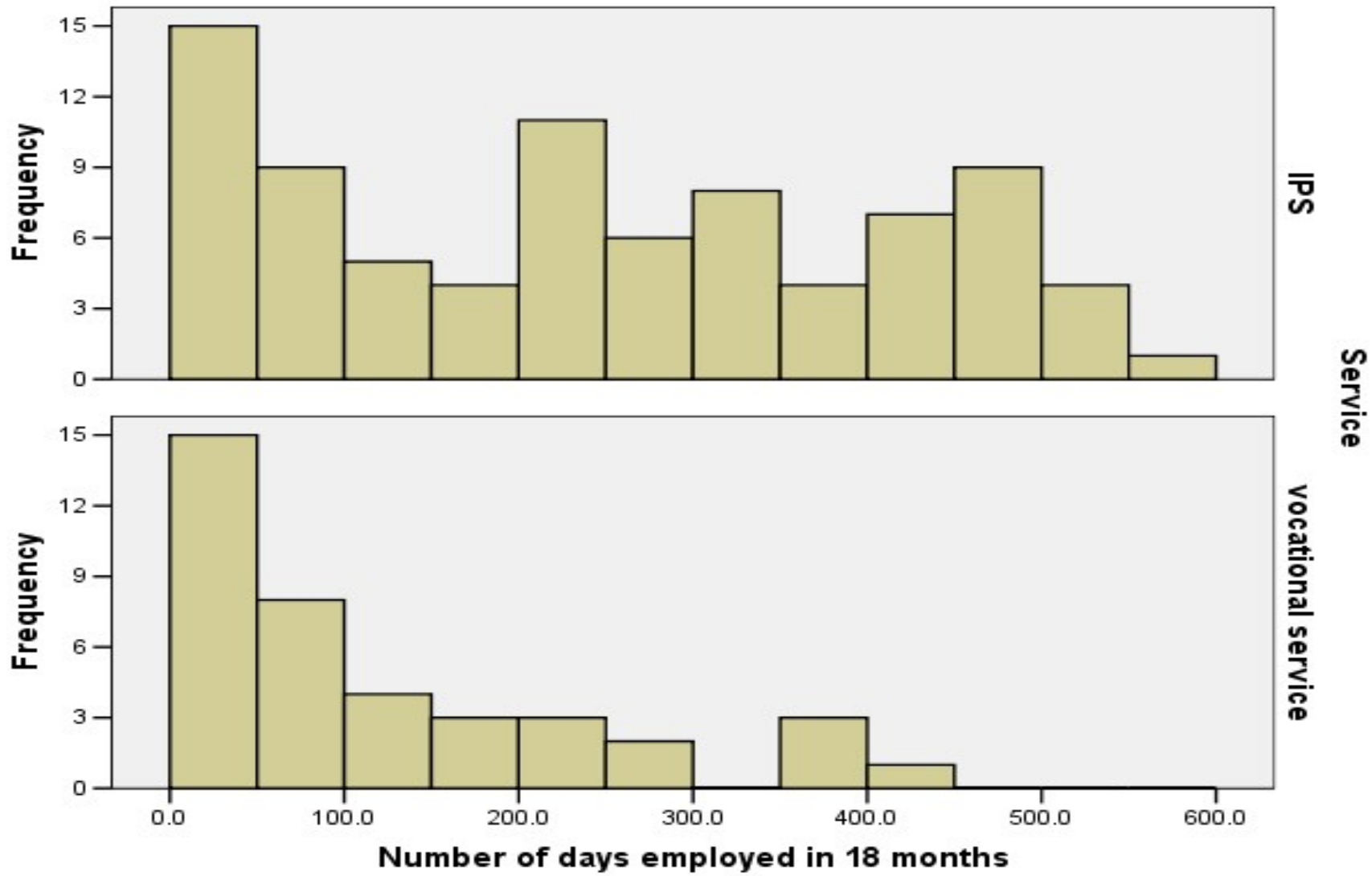
L'efficacia dell'IPS

	IPS	n	Vocational service	n	Difference (95% CI)
Worked for at least 1 day	85 (55%)	156	43 (28%)	156	26·9% (16·4 to 37·4)
Number of hours worked*	428·8 (706·77)	143	119·1 (311·94)	138	308·7 (189·22 to 434·17)
Number of days employed*	130·3 (174·12)	154	30·5 (80·07)	152	99·8 (70·71 to 129·27)
Job tenure (days)*	213·6 (159·42)	83	108·4 (111·95)	39	104·9 (56·03 to 155·04)
Drop-out from service	20 (13%)	156	70 (45%)	156	−32·1% (−41·5 to −22·7)
Admission	28 (20%)	148	42 (31%)	141	−11·2% (−21·5 to −0·90)
Percentage of time spent in hospital*	4·6 (13·56)	148	8·9 (20·08)	141	−4·3 (−8·40 to −0·59)

Data are number (%) or mean (SD).*Data for hours worked were not available for all patients, since not all patients completed follow-up interviews or were able to supply this information. Data for days employed were collected outside interview. Job tenure data were only calculated for the subgroup of patients who worked. Data for hospital use were missing for 23 patients. †Bootstrapped estimates of difference between means and bias corrected and accelerated 95% CIs presented.

Table 2: **Vocational, admission, and drop-out outcomes†**

Giorni lavorati, per trattamento



Hanno lavorato almeno un giorno

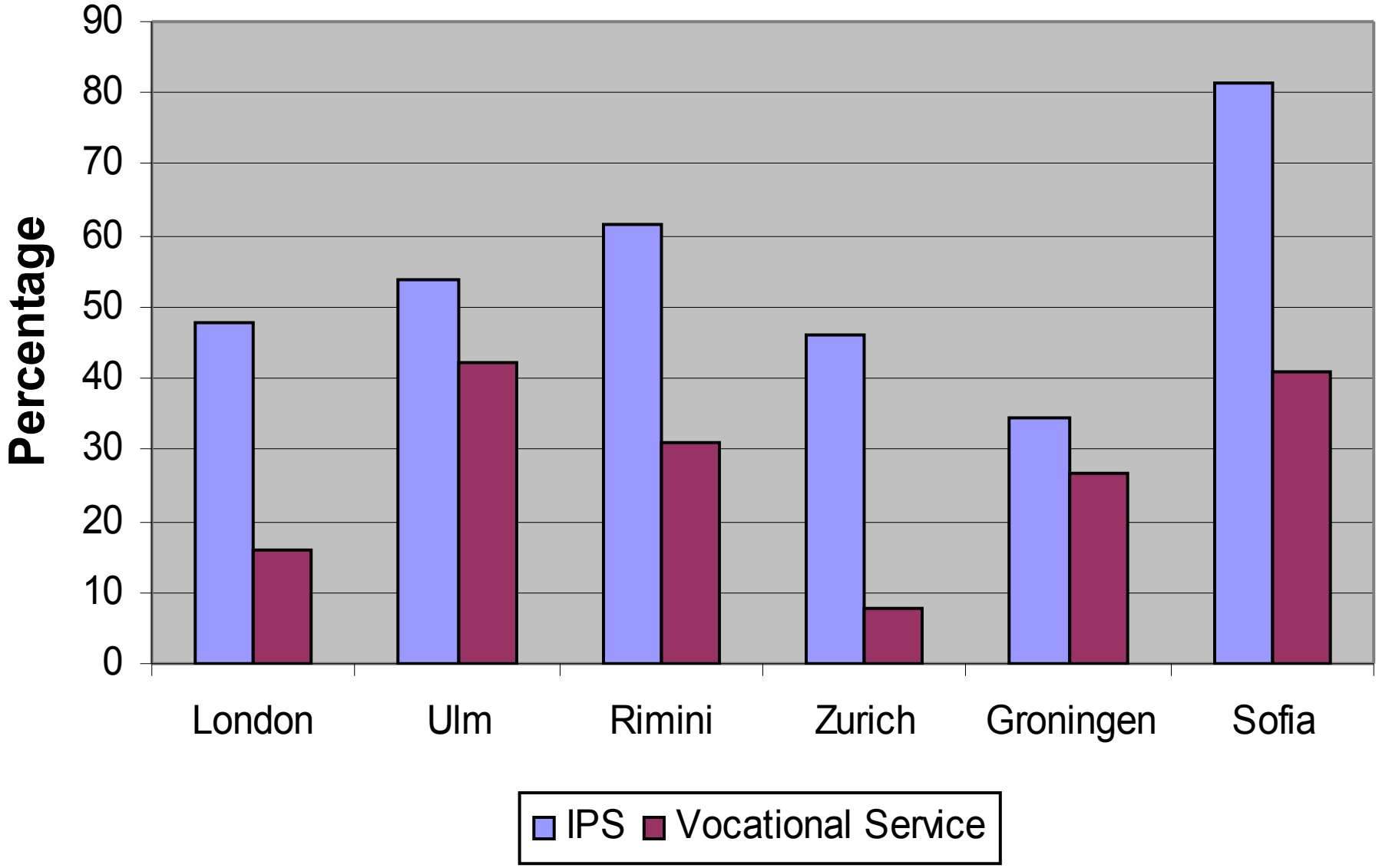


Table 16: Worked in informal labour market n (%) of those who obtained employment

Service	London n=16	Ulm n=25	Rimini n=24	Zurich n=14	Groningen n=16	Sofia n=33	Total n=128
IPS	0 (.0%)	1 (7.1%)	**6 (37.5%)**	0 (.0%)	1 (11.1%)	8 (36.4%)	16 (18.8%)
Vocational	0 (.0%)	0 (.0%)	**7 (87.5%)**	0 (.0%)	3 (42.9%)	5 (45.5%)	15 (34.9%)

Variabili ambientali

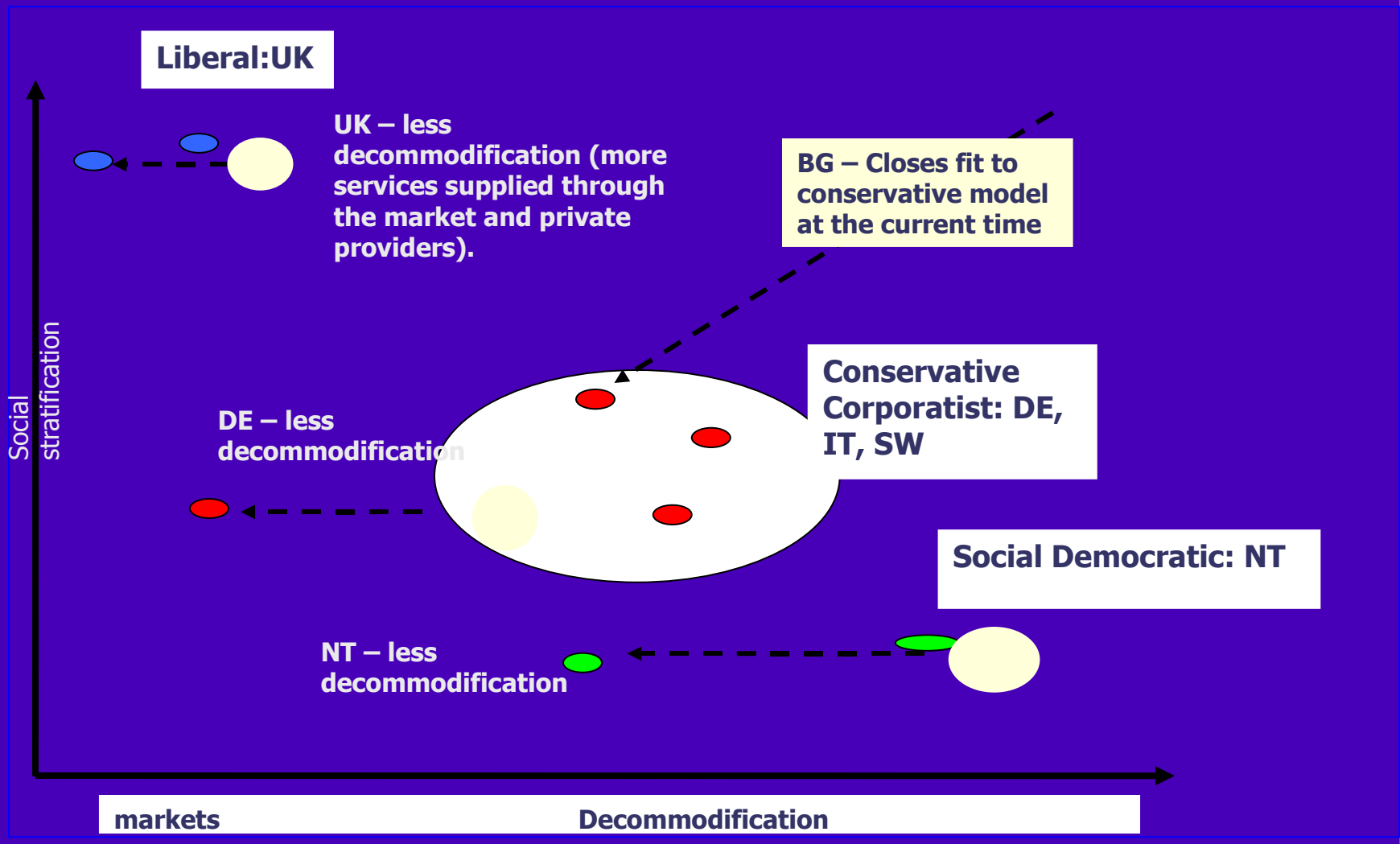
USA ed Europa: le differenze

- Cultura del lavoro
  - USA: 'hire and fire'.
  - Europa: protezione e stabilità del posto di lavoro
- Cultura del Welfare
  - Benefici ai soggetti deboli più alti in Europa
  - Con molte diversità in Europa

Importanza del lavoro nella cultura

- Amartya Sen: ‘per tutto il 20° secolo :
- Gli USA hanno tollerato livelli relativi di povertà che avrebbero spazzato via qualsiasi governo europeo
- I governi europei hanno tollerato livelli di disoccupazione che avrebbero spazzato via qualsiasi governo statunitense’

5 Welfare State Classification



BG – Bulgaria; IT – Italy; DE – Germany; SW – Switzerland; NT – Netherlands; UK - UK

Living situation

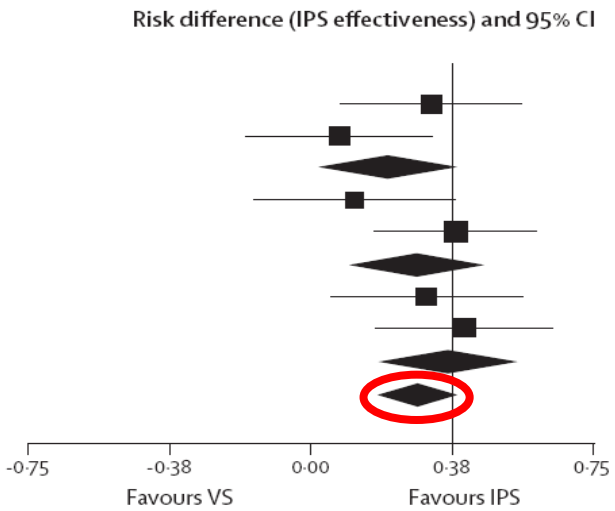
	alone (+/-child)	partner (+/- child.)	living with parents	living with other relatives	living with others	children.+ other relatives
London	35 (70%)	7 (14%)	5 (10%)	1 (2%)	2 (4%)	0
Germany	17 (32.7%)	6 (11.5%)	25 (48.1%)	3 (5.8%)	1 (1.9%)	0
Italy	6 (11.5%)	7 (13.5%)	28 (53.8%)	2 (3.8%)	9 (17.3%)	0
Switzerland	26 (50%)	5 (9.6%)	3 (5.8%)	5 (9.6%)	3 (5.8%0	10 (19.2%)
Netherlands	28 (53.8%)	2 (3.8%)	4 (7.7%)	0	18 (34.6%)	0
Bulgaria	9 (16.7%)	15 (27.8%)	26 (48.1%)	2 (3.7%)	0	2 (3.7%)
Total	121 (38.8%)	42 (13.5%)	91 (29.2%)	13 (4.2%)	33 (10.6%)	12 (3.8%)

State Benefits

	YES	NO
London	44 (88%)	6 (12%)
Germany	40 (76.9%)	12 (23.1%)
Italy	29 (55.8%)	23 (44.2%)
Switzerland	48 (92.3%)	4 (7%)
Netherlands	46 (88.5%)	6 (11.5%)
Bulgaria	41 (75.9%)	13 (24.1%)
Total	248 (79.5%)	64 (20.5%)

Effect of risk of benefit trap on risk difference

	Centre	Risk difference	Lower limit	Upper limit	p value
High risk	London	0·320	0·077	0·563	0·010
High risk	Groningen	0·077	−0·173	0·327	0·546
High risk		0·202	0·028	0·376	0·023
Low risk	Ulm	0·115	−0·154	0·385	0·402
Low risk	Zürich	0·385	0·167	0·602	0·001
Low risk		0·279	0·109	0·448	0·001
No risk	Rimini	0·308	0·050	0·565	0·019
No risk	Sofia	0·407	0·171	0·644	0·001
No risk		0·362	0·188	0·536	0·000
Overall		0·281	0·181	0·380	0·000



	Centre	Risk difference	Lower limit	Upper limit	p value
High risk	London	0·320	0·206	0·460	0·013
High risk	Groningen	0·308	0·198	0·445	0·007
High risk		0·314	0·231	0·410	0·000
Low risk	Ulm	0·481	0·350	0·615	0·782
Low risk	Zürich	0·269	0·166	0·405	0·001
Low risk		0·382	0·291	0·481	0·020
No risk	Rimini	0·462	0·332	0·597	0·579
No risk	Sofia	0·611	0·476	0·731	0·105
No risk		0·537	0·441	0·630	0·453
Overall		0·414	0·359	0·472	0·004

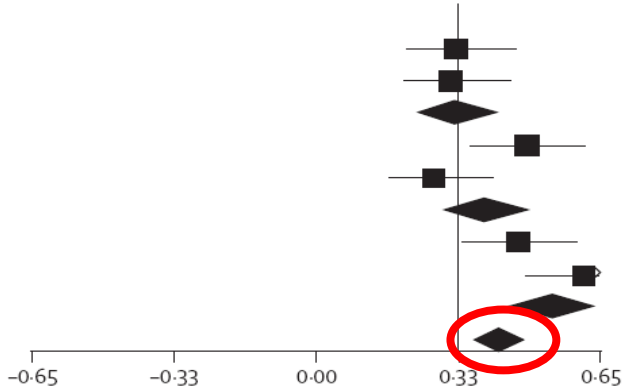


Figure 3: **Effect of benefit trap on IPS effect size (upper) and on getting a job overall (lower)**
The third, sixth, and ninth rows show the summed estimate for the previous two rows, whereas the tenth row shows the total estimate for all the data. For every centre, the 95% CI is represented by a horizontal line and the IPS effect size (upper) or getting a job (lower) represented by a square, proportionate to study size. The diamond indicates that the outcome is pooled across centres, the width of which represents the 95% CI. IPS=individual placement and support. VS=vocational service.

Effect of long-term unemployment rate on outcome

	IPS effect size		Getting a job	
	Q	p value	Q	p value
Local unemployment rates*	5·82	0·016	0·984	0·321
GDP per head growth (annual %) 2003†	1·66	0·198	9·56	0·002
% GDP spent on health 2002‡	0·229	0·632	2·55	0·110
Long-term unemployment rate (1999)§	0·532	0·466	16·16	<0·001
Benefit trap? (2004–05)¶	1·62	0·445	10·90	0·004

These socioeconomic variables should not be compared with each other, since the data are from different years and different sources. *Ranges from 3·6 in Zürich and Sofia to 8·1 in Groningen. Information provided by authors adjusted using ratio of national rates (EIU 2004 database accessed online via the Economist Intelligence Unit Market Indicators and Forecasts website) and ratio applied to local rates. †Ranges from –1·4 in Groningen to 4·9 in Sofia. Information from World Development Indicators Online database, accessed via the Economic and Social Data Services (ESDS) website. ‡Ranges from 7·3 in Sofia to 11·2 in Zürich. Information from World Development Indicators Online database, accessed via ESDS website. §Persons unemployed for a period of 1 year or more as a percentage of the labour force. Ranges from 1·2 in Zürich to 8·3 in Sofia. Information from ESDS website. ¶High risk centres: London, Groningen; low risk: Ulm, Zürich; no risk: Rimini, Sofia. GDP=gross domestic product.

Table 3: **Socioeconomic sources of heterogeneity**

Altre analisi

Table 1 Patient characteristics predictor models

Predictors	OR (95% CI)	Regression coefficient (s.e.)	*P*
Predictors of working for 1 day (*n*=273)			
Work history	2.42 (1.42–4.12)		0.001
Clinical diagnosis (schizophrenia/ schizoaffective disorder *v.* bipolar disorder)	1.22 (0.58–2.55)		0.606
GAF–D score	0.99 (0.96–1.01)		0.213
HADS–D score	0.99 (0.93–1.06)		0.814
LQoLP–EU: satisfaction with job situation	0.85 (0.68–1.06)		0.144
LQoLP–EU: satisfaction with financial situation	0.94 (0.81–1.10)		0.458
Number of social needs (CAN)	0.87 (0.66–1.15)		0.317
Proportion of social needs met (CAN)	0.99 (0.98–1.00)		0.038
In remission between baseline and T_1	1.83 (0.98–3.42)		0.058
Predictors of hours worked (*n*=260)			
Work history		0.94 (0.274)	0.001
LQoLP–EU: satisfaction with job situation		0.18 (0.110)	0.102
LQoLP–EU: satisfaction with financial situation		0.03 (0.081)	0.711
Proportion of social needs met (CAN)		0.01 (0.003)	0.062
Remission		0.21 (0.008)	<0.001

GAF–D, Global Assessment of Functioning – Disability; HADS–D, Hospital Anxiety and Depression Scale – Depression; LQoLP–EU, Lancashire Quality of Life Profile – European version; CAN, Camberwell Assessment of Need.

Table 3 Predictors of job tenure.

Variables in model (n=121)	Regression coefficient (s.e.)	P
Patient characteristics model		
Gender	0.15 (0.154)	0.325
Work history	0.27 (0.181)	0.134
GAF–D score	0.01 (0.008)	0.443
PANSS–Negative	−0.02 (0.017)	0.150
LQoLP–EU: satisfaction with safety	−0.11 (0.057)	0.043
Number of social needs met (CAN)	0.14 (0.100)	0.151
Early process predictor model (n=122)		
Service (IPS *v.* vocational)	0.65 (0.254)	0.010
Time from baseline to entry into the service (<2 months *v.* 2–6 months)	−0.20 (0.381)	0.593

GAF–D, Global Assessment of Functioning – Disability; PANSS, Positive and Negative Syndrome Scale; LQoLP–EU, Lancashire Quality of Life Profile – European Version; CAN, Camberwell Assessment of Need; IPS, individual placement and support

Conclusioni

- L'IPS è due volte più efficace rispetto ai trattamenti tradizionali al fine di trovare lavoro: 54% versus 28%
- Come negli USA
- L'effetto varia nei diversi paesi europei ed è influenzato da
  - tassi di disoccupazione a lungo termine
  - benefit Trap
- Non ci sono rischi aggiuntivi di ricadute cliniche del paziente

Verso una strategia di sistema

- Necessità di differenziare l’offerta di servizi
- Ampliare l’empowerment dell’utente
- Stabilire schemi di intervento temporali

Verso una strategia di sistema

- Necessità di differenziare l'offerta dei servizi
  - Nessun intervento da solo supera il 40% di successo
  - Sommando più interventi le probabilità aumentano
  - L'intervento giusto per la persona giusta

Verso una strategia di sistema

- Aumentare l'empowerment dell'utente:
  - Scarso potere predittivo degli operatori
  - Atteggiamento protettivo di operatori e famiglie
  - Il fallimento non è una tragedia (dipende) Per ogni cittadino il percorso lavorativo è fatto di successi e fallimenti
  - Lasciare la guida del percorso all'utente è riabilitativo

Verso una strategia di sistema

- Stabilire schemi di intervento temporali
  - Potrebbe essere meglio cominciare sempre da schemi di supporto alle abilità
  - Non giudicare a priori sul livello di funzionamento
  - Concordare con l'utente quando passare a proposte più protette
  - Tenere sempre alta l'aspettativa.