

15-Jahr-Jubiläum JCP


JCP: Vom Pionier zum Schrittmacher

PD Dr. med. Holger Hoffmann

Direktion Psychiatrische Rehabilitation
Universitäre Psychiatrische Dienste Bern

Berufliche Wiedereingliederung

Psychisch Kranke
wollen am Arbeitsleben
teilhaben
und am liebsten
auf dem ersten Arbeitsmarkt!



Kritik an beruflichen Reha-Massnahmen

- Setzen zu spät ein
- Sehr teuer
- Auch bei hoher Eintrittsselektion nur bescheidener Integrationserfolg (5-30%)
- Finden im geschützten Rahmen statt
- Zeitliche Befristung: Begleitung am Arbeitsplatz endet mit Massnahme
- Hohes Risiko des Stellenverlustes innert 12 Monaten
- Fazit: **Keine Nachhaltigkeit!**

Supported Employment


Paradigmawechsel

von

„first train - then place“

zu

„first place - then train“



Supported Employment

Definition:

- Prinzip: „First place- then train“
- Kompetitiver Arbeitsplatz in freier Wirtschaft
- Betreuung durch „Job Coach“
- Zeitlich unbeschränkt
- Tariflich entlohnt
- Anreizsystem für Arbeitgeber

Supported Employment

Individual Placement and Support System (IPS)

Drake et al., New Hampshire

IPS Fidelity Scale

1. Caseload des Job Coachs < 25 Personen
2. Mitarbeitende sind vollzeitig als Job Coach tätig
3. Job Coach übernimmt alle Aufgaben von Anfang bis Ende
4. Job Coachs sind Teil eines gemeindepsychiatrischen Teams
5. Job Coachs bilden ein Team mit gemeinsamen Sitzungen und SV
6. Kein Interessierter am SE wird ausgeschlossen
7. Fortlaufende Assessments am Arbeitsplatz
8. Rasche (< 1 Mt.) Vermittlung an kompetitiven Arbeitsplatz
9. Arbeitsplatzsuche nach individuellen Bedürfnissen
10. Es werden Stellen in verschiedenen Sparten angeboten
11. Stellen sind nicht befristet sondern langfristig
12. Job Coachs helfen beim Stellenwechsel
13. Coaching von Teilnehmer und Arbeitgeber ist zeitlich nicht befristet
14. Das Angebot ist gemeindeintegriert
15. Die Job Coachs arbeiten aufsuchend

IPS Fidelity Scale

Die Teilhabe am Arbeitsleben
wird durch die Umsetzung
der Qualitätsstandards
der IPS-Fidelity Scale
nachweislich verbessert.

Qualität des Supported Employment?

Nicht überall wo
Job Coaching oder Arbeitsassistenten
draufsteht, ist auch
Supported Employment drin!

Meta-Analyse zum IPS

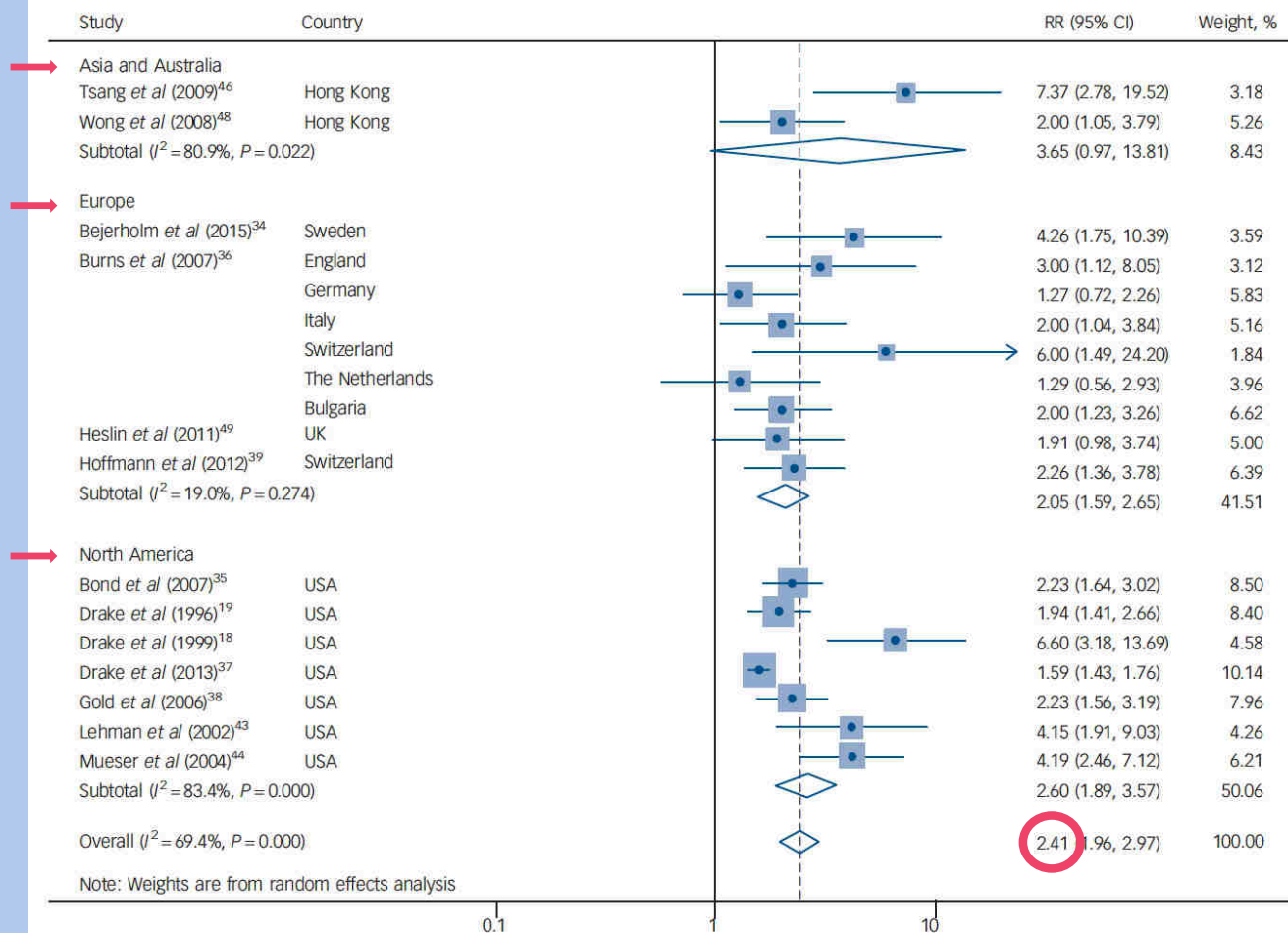


Fig. 4 Relative risk (RR) of competitive employment within 13–24 months of receiving individual placement and support compared with standard vocational rehabilitation.



Network-Meta-Analyse zu SE



Cochrane
Library

Cochrane Database of Systematic Reviews

SE: RR 2.71, 95% CI 1.55 to 4.76

Augmented SE: RR 3.81, 95% CI 1.99 to 7.31

Interventions for obtaining and maintaining employment in adults with severe mental illness, a network meta-analysis (Review)

Suijkerbuijk YB, Schaafsma FG, van Mechelen JC, Ojajärvi A, Corbière M, Anema JR

Berner SNF-Studie: Methode

- Randomisiert kontrollierte Studie
- $n = 100$
- Nachuntersuchungen nach 2 und 5 Jahren

Hoffmann et al. Acta Psychiatr Scand 2012
Hoffmann et al. Am J Psychiatry 2014

2-Jahresstudie

Acta Psychiatrica Scandinavica

Acta Psychiatr Scand 2012; 125: 157–167
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DOI: 10.1111/j.1600-0447.2011.01780.x

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ACTA PSYCHIATRICA
SCANDINAVICA

A randomised controlled trial of the efficacy of supported employment

Hoffmann H, Jäckel D, Glauser S, Kupper Z. A randomised controlled trial of the efficacy of supported employment.

Objective: Although numerous randomised controlled trials indicated the superiority of supported employment (SE), we still have too little evidence that SE is more effective than traditional vocational rehabilitation programmes (TVR) in Western European countries with highly developed social security and welfare systems, sophisticated rehabilitation programmes and high thresholds to the open labour market. The aim of this study is to prove the efficacy of SE in Switzerland.

Method: Following a 2-week intake assessment, 100 unemployed persons with stabilised severe mental illness (SMI) were randomly assigned to either the SE programme ($n = 46$) or to the most viable locally available TVR ($n = 54$). Follow-up lasted 24 months.

Results: After the first year, the rate of competitive employment reached a mean level of 48.2% in the SE group and of 18.5% in the TVR group. 58.7% of the SE group were ever competitively employed as opposed to 25.9% of the TVR group. In the second year, SE group participants were competitively employed for 24.5 weeks as compared with 10.2 in the TVR group. The groups showed no significant differences in the non-vocational outcome criteria.

Conclusion: The SE programme in Switzerland also proved more effective than TVR and seems to be applicable to the socio-economic context of Western European countries.

**H. Hoffmann¹, D. Jäckel¹,
S. Glauser¹, Z. Kupper²**

¹Public Mental, Health Research Unit, University Hospital of Psychiatry, Bern, Switzerland and

²Department of Psychotherapy, University Hospital of Psychiatry, Bern, Switzerland

Key words: supported employment; individual placement and support; vocational rehabilitation; severe mental illness; randomised controlled trial

Holger Hoffmann MD, Director of the Public Mental Health Research Unit, Medical Director of Soteria Bern, University Hospital of Psychiatry Bern, Murtenstr. 46, PO Box 52, CH-3000 Bern 10, Switzerland.
E-mail: hoffmann@spk.unibe.ch

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5-Jahresstudie

Long-Term Effectiveness of Supported Employment: 5-Year Follow-Up of a Randomized Controlled Trial

Holger Hoffmann, M.D.

Dorothea Jäckel, M.A.

Sybille Glauser, M.A.

Kim T. Mueser, Ph.D.

Zeno Kupper, Ph.D.

Objective: The individual placement and support model of supported employment has been shown to be more effective than other vocational approaches in improving competitive work over 1–2 years in persons with severe mental illness. The authors evaluated the longer-term effects of the model compared with traditional vocational rehabilitation over 5 years.

Method: A randomized controlled trial compared supported employment to traditional vocational rehabilitation in 100 unemployed persons with severe mental illness. Competitive work and hospital admissions were tracked for 5 years, and interviews were conducted at 2 and 5 years to assess recovery attitudes and quality of life. A cost-benefit analysis compared program and total treatment costs to earnings from competitive employment.

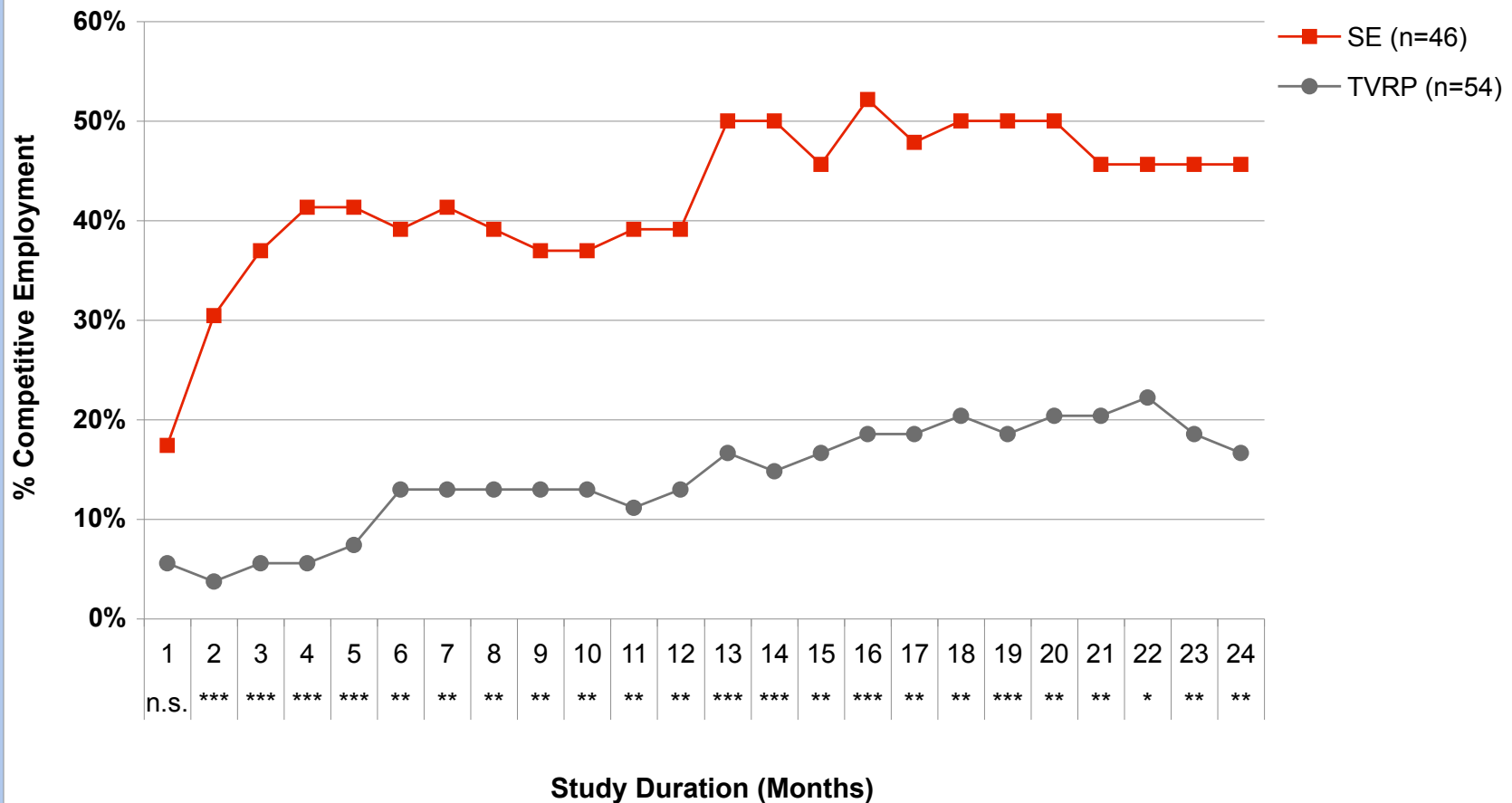
Results: The beneficial effects of supported employment on work at 2 years were sustained over the 5-year follow-up period. Participants in supported employment were more likely to obtain competitive work than

those in traditional vocational rehabilitation (65% compared with 33%), worked more hours and weeks, earned more wages, and had longer job tenures. Reliance on supported employment services for retaining competitive work decreased from 2 years to 5 years for participants in supported employment. Participants were also significantly less likely to be hospitalized, had fewer psychiatric hospital admissions, and spent fewer days in the hospital. The social return on investment was higher for supported employment participants, whether calculated as the ratio of work earnings to vocational program costs or of work earnings to total vocational program and mental health treatment costs.

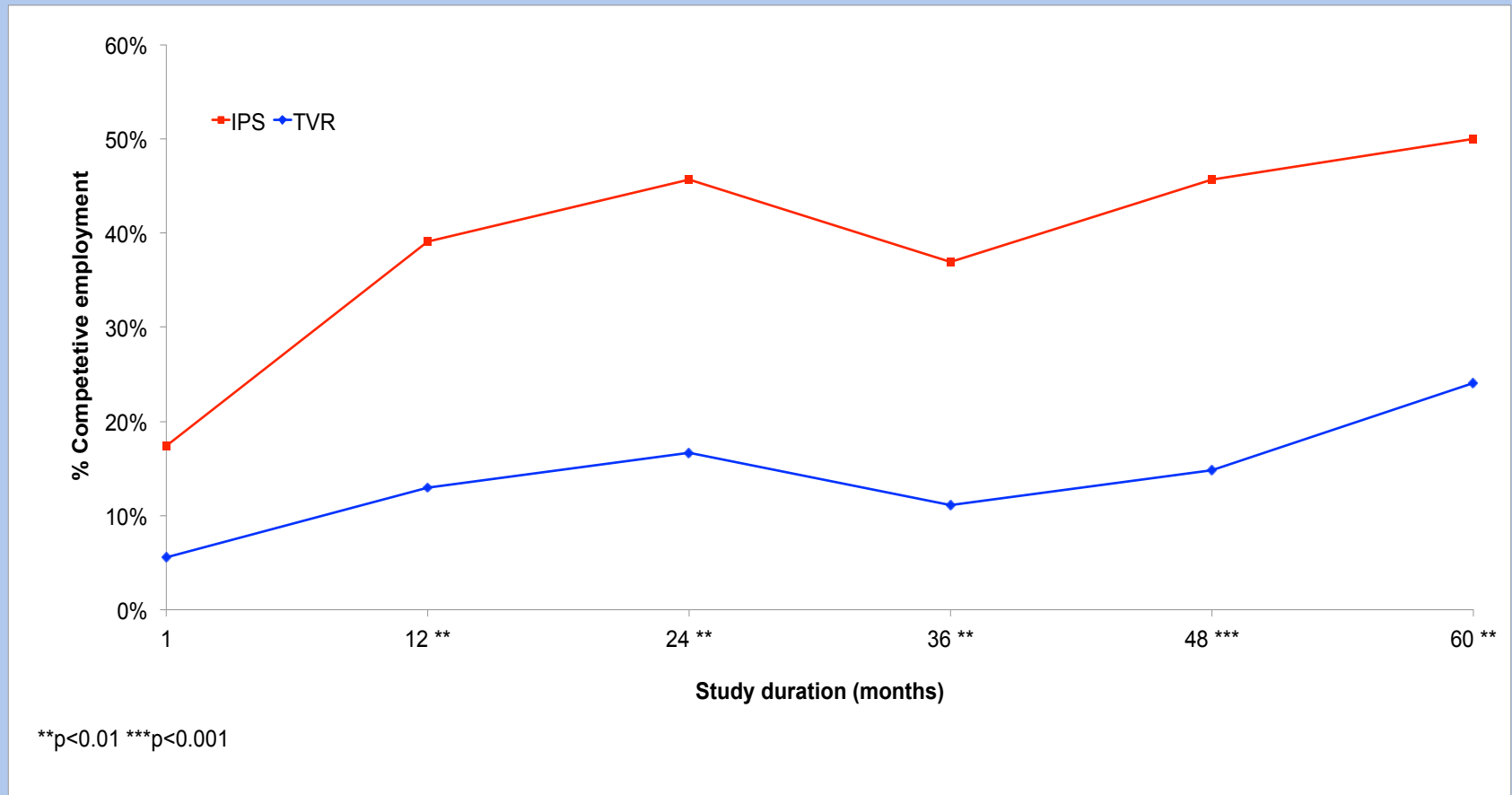
Conclusions: The results demonstrate that the greater effectiveness of supported employment in improving competitive work outcomes is sustained beyond 2 years and suggest that supported employment programs contribute to reduced hospitalizations and produce a higher social return on investment.

(Am J Psychiatry 2014; 00:1–8)

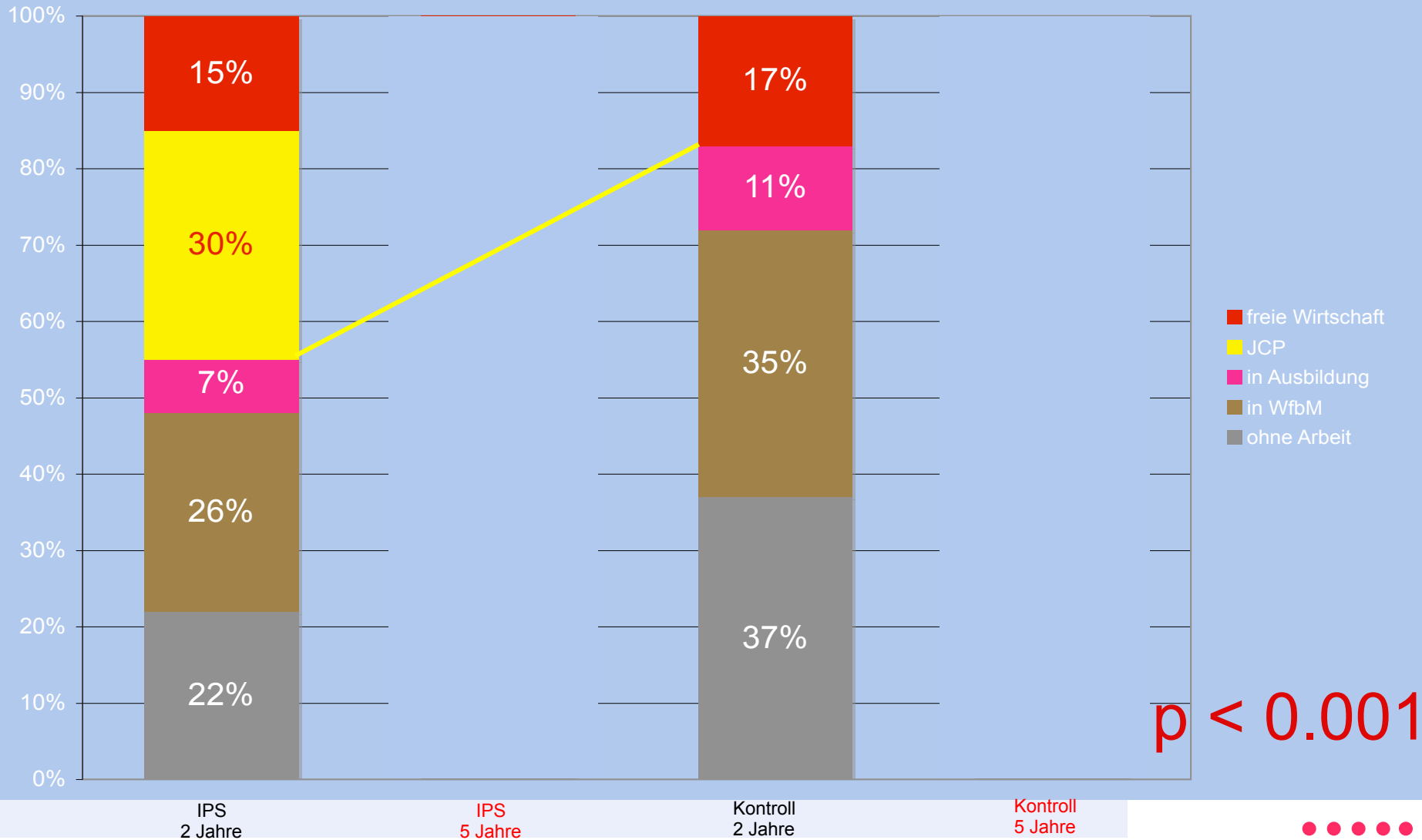
Beschäftigungsrate in der freien Wirtschaft



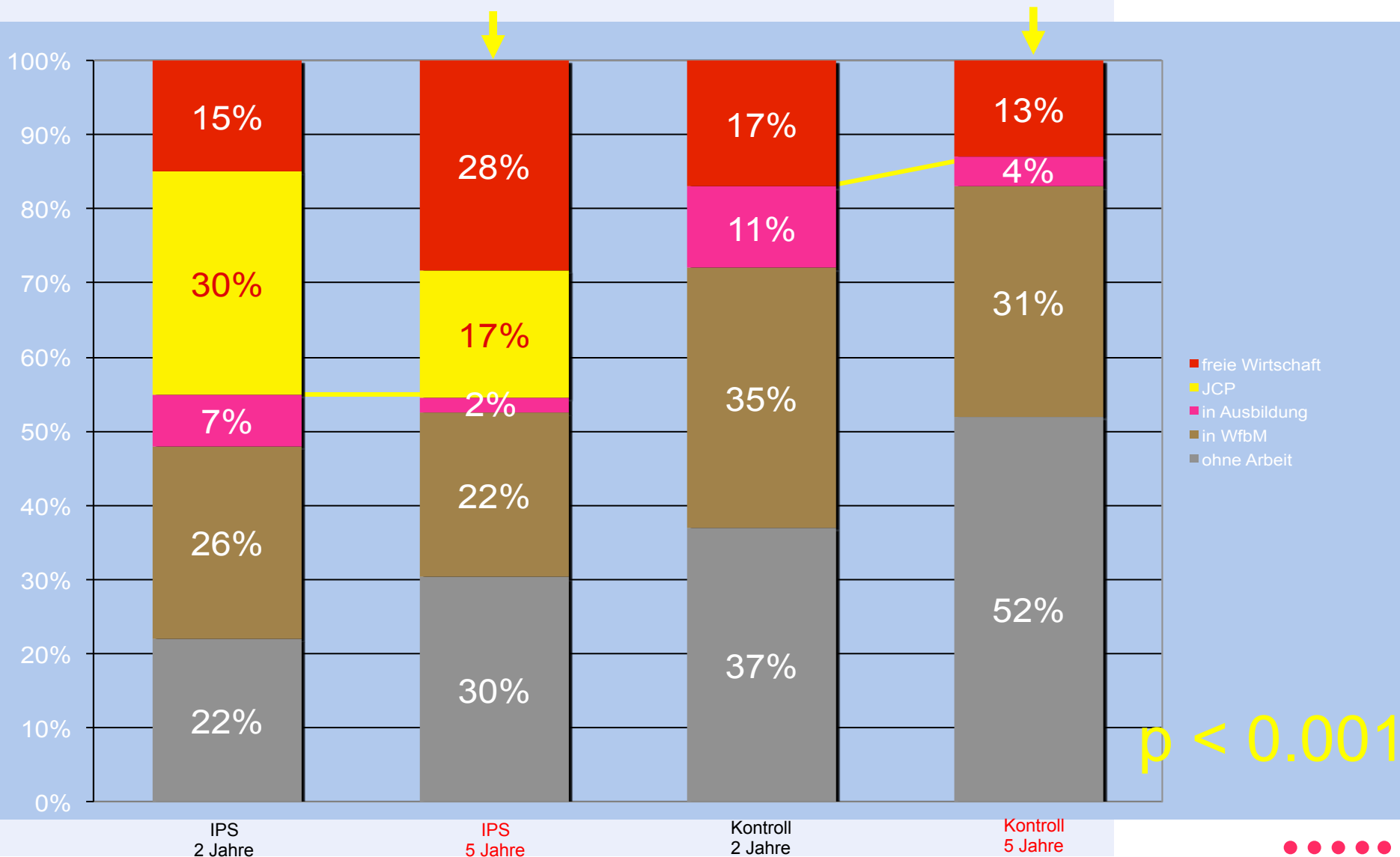
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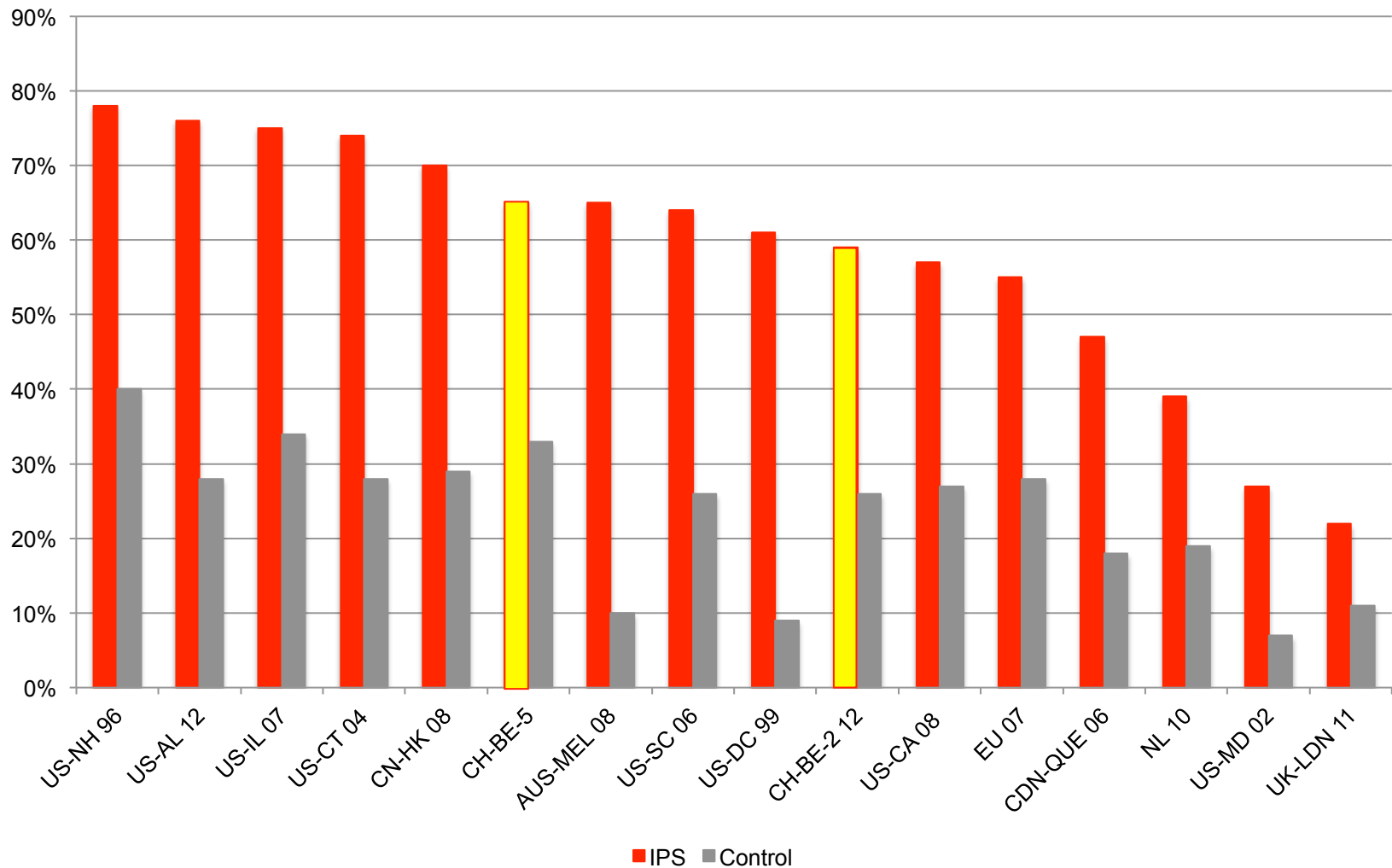
2 & 5-J.-Outcome **IPS** vs. Kontrollgruppe



2 & 5-J.-Outcome **IPS** vs. Kontrollgruppe



Jemals Anstellung in freier Wirtschaft



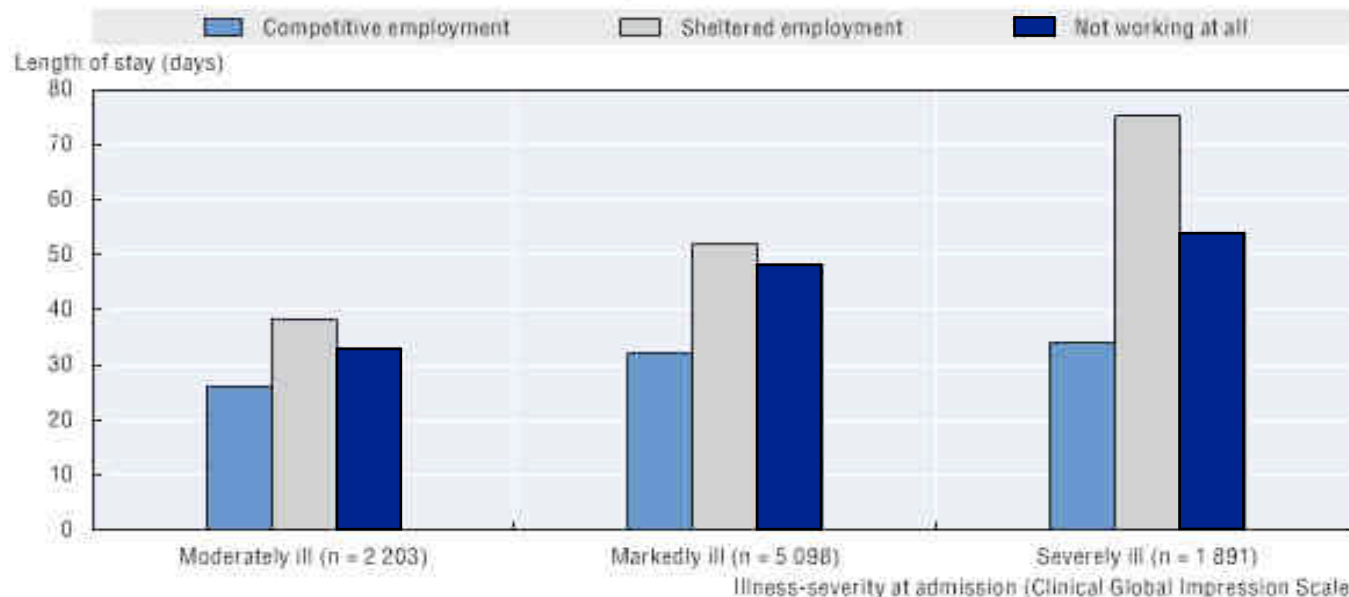
Wichtigste Ergebnisse

- 65 % der von einem Job Coach begleiteten Teilnehmer fanden in den 5 Jahren eine Anstellung in der Wirtschaft gegenüber 33% bei den traditionellen Wiedereingliederungsmassnahmen
- Anstellungsverhältnisse länger und nachhaltiger
- Verdienst besser
- Inanspruchnahme stationärer und teilstationärer psychiatrischer Dienste geringer
- Social Return on Investment war höher

Erwerbstätigkeit und stationäre psychiatrische Behandlungsdauer


Figure 3.16. **Competitive employment reduces the length of psychiatric inpatient stays**

Length of stay (in days) of hospitalisations in a psychiatric clinic by employment status and illness severity, Switzerland, 1998-2006^{a, b}



- a) Ratings on severity are based on the Clinical Global Impression Scale (CGI), a validated and widely used measurement tool for the clinical practice (Guy, 1976). The grades of severity (for example "moderate") are to be understood as a psychiatric inpatient comparison, and do not mean that the severity is "moderate" when compared with the general population.
- b) Regarding the sheltered employment group, there might be a selection effect, because patients in sheltered employment have typically a chronic disorder, which might not fully be reflected by the severity status at admission. In Switzerland, working in sheltered employment is normally restricted to the disability pension recipients.

Source: Baer and Cahn (2008).

StatLink  <http://dx.doi.org/10.1787/888932533950>

Auswirkungen auf Gesundheit und Lebensqualität

Effects Of Sustained Competitive Employment on Psychiatric Hospitalizations and Quality of Life

Dorothea Jäckel, M.A., Zeno Kupper, Ph.D., Sibylle Glauser, M.A., Kim T. Mueser, Ph.D., Holger Hoffmann, M.D.

Objective: There is extensive evidence for the effectiveness of supported employment among people with severe mental illness. However, less research has been conducted to evaluate the effects of sustained competitive employment on nonvocational outcomes. The aim of this study was to evaluate the effects of sustained competitive work on quality of life and psychiatric hospitalizations.

Methods: As part of a randomized controlled trial, a mediation analysis was used to compare the direct and indirect effects of supported employment versus a traditional vocational program on sustained competitive employment, days of psychiatric hospitalization, and quality of life among 85 participants over five years.

Results: The five-year follow-up indicated that the effects of supported employment on reduced days of hospitalization and increased quality of life were fully mediated by the program's effects on increasing sustained competitive employment.

Conclusions: The rehabilitative and therapeutic dimensions of functional health conditions are interrelated in the long term. The achievement of sustained competitive employment may be a key factor in improving social and psychiatric outcomes for people with severe and persistent mental disorders.

Psychiatric Services 2017; 0:1–7; doi: 10.1176/appi.ps.201600083

Effects on Mental Health and Quality of Life

Resultate:

Eine dauerhafte Anstellung auf dem
allgemeinen Arbeitsmarkt reduziert
signifikant und langfristig die
Notwendigkeit psychiatrischer
Hospitalisationen und erhöht die
Lebensqualität.

Effects on Mental Health and Quality of Life

Schlussfolgerungen:

Supported Employment erhöht signifikant die Anstellungen auf dem allgemeinen Arbeitsmarkt und fördert indirekt eine Verbesserung der psychischen Gesundheit und der Lebensqualität durch die Erhöhung der Wahrscheinlichkeit der Erreichung einer dauerhaften Anstellung.

Empfehlung der S3-Leitlinie

Menschen mit schweren psychischen Erkrankungen und dem Wunsch nach einer Tätigkeit auf dem ersten Arbeitsmarkt sollen im Rahmen der beruflichen Rehabilitation Programme mit dem Ziel einer raschen Platzierung direkt auf einen Arbeitsplatz des ersten Arbeitsmarktes und notwendiger Unterstützung (Supported Employment) angeboten werden.

Empfehlungsgrad: A, Evidenzebene: Ia



Fazit!

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UNIVERSITÄT
BERN

Aufgrund dieser weltweit so eindrücklich nachgewiesenen Überlegenheit des Supported Employment stellt sich uns in Bern die Frage, ob auch weiterhin konventionelle Wiedereingliederungsmassnahmen von der IV angeboten und gefördert werden sollen.

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Danke!

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holger.hoffmann@upd.unibe.ch