
Objective: This article addresses the rise of individual placement and support (IPS) within vocational services for people with severe mental illness (SMI), the current state of affairs, and future directions of IPS in the Netherlands. Method: Review of the literature on IPS in the Netherlands, analysis of registration data, and exploration of future avenues for IPS in Dutch mental health care. Findings: In the first decade of this century, an implementation study showed that IPS was feasible in the Netherlands, and a multisite randomized controlled trial (RCT) indicated that IPS was also effective in the Dutch context. Nationwide, from the start of 2016 to the end of 2017, the number of enrolled IPS participants doubled from 1,038 to 2,100, which was largely due to the introduction of preliminary national funding of IPS. Future directions include expanding the IPS practice in terms of target groups, types of providers, goals, and added interventions. Conclusions and Implications for Practice: Involvement of clinicians and the employment opportunities for people with SMI have increased, which is mainly due to the successes of IPS. However, considerable efforts are still needed to make IPS more widely available. Important facilitators are regular meetings of stakeholders in mental health care and vocational rehabilitation, stakeholders’ experienced ownership of IPS and collaboration, the mandate and influence of the decision makers involved, and secured IPS funding. (PsycINFO Database Record (c) 2019 APA, all rights reserved)

Impact Statement

Impact and Implications—Dutch individual placement and support (IPS) practice is growing, with expansion to new populations, the addition of education as a goal, and augmentation of IPS with other interventions such as wellness recovery action planning and cognitive remediation. Efforts to fund IPS from health care and vocational rehabilitation budgets in the Netherlands are progressing toward the goal of achieving adequate, long-term funding for IPS. (PsycINFO Database Record (c) 2019 APA, all rights reserved)