

Individual Placement & Support (IPS)

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Is work too stressful for our clients?

- “If you think work is stressful, try unemployment”
- The stresses of work do not lead to higher rates of hospitalisation

Unemployment

- Increased physical problems
- Increased mental health problems
- Reduced self esteem
- Loss of social contacts
- Poverty

Work: the findings

Key research findings are that:

- **Work is good for you:** it improves mental and physical health (Waddell and Burton, 2007). Unemployment brings a loss of structure, purpose and identity (Bennet, 1970, Anthony et al 1984, Collis and Ekdawi, 1984)
- **Around 90% of service users** of mental health services want to return to work (Grove, Secker and Seebohm 2005)
- **Work is a key mechanism for social inclusion and recovery** (Shepherd, Boardman and Slade, 2008) and returning to work significantly reduces the need to use mental health services (Wing and Brown, 1970, McKeown et al, 1992)

The role of work

- **Work is therapy** and provides a complex range of material, psychological and social benefits that are difficult to replicate in any other intervention.
- **Work plays a central role** in the lives of all people, giving monetary resources, social identity and status, structure and social networks.
- **Lack of work** is linked to increased mental health problems and wider issues of social exclusion.
- These benefits increase over time

Clinical factors

There is no research evidence to predict who will be/will not be employable or who should be included/not included in vocational programmes.

- There is strong evidence that a person's psychiatric diagnosis does not affect their ability to succeed in vocational programmes.
- There is conflicting evidence of how far the severity of symptoms impact on the ability to work.
- The research evidence does not strongly favour the use of symptom assessments, diagnosis or hospitalisation history to exclude service users from vocational programmes.

Positive indicators for work

- Social skills have been found to improve significantly and quickly when service users are placed in real work situations.
- There is strong evidence that people with more work experience benefit more from vocational programmes i.e. if a person has worked previously they will find it easier to enter employment again.
- It has also been found that belief in oneself and motivation are the key indicators.

Why IPS? - the research evidence

- Randomised controlled trials (RCTs) across the United States, Canada, Hong Kong, Australia and Europe, including the UK, have compared the experiences of IPS participants with groups taking other approaches to vocational rehabilitation (i.e. services based on more traditional principles of 'train and place', which provided vocational training and job preparation before looking for competitive employment).
- Across research studies, sites that most closely followed the IPS approach achieved the greatest success with an average of 61% of participants being placed in competitive employment compared to 23% in sites that followed other approaches (Bond, Drake & Becker, 2008).

IPS

- **The most well-established method of “place then train” in mental health is IPS. It has eight key elements:**
- Services should be focused on getting people into competitive employment
- Open to all those who want to work
- Rapid job search and minimal pre-vocational training
- Integrates Employment Specialists into the work of the clinical team
- Attention given to finding jobs consistent with people’s preferences
- Availability of time unlimited support
- Benefits counselling to be provided to help people maximise their welfare benefits
- Employment Specialists build relationships with employers based upon client job interest

Fidelity Reviews – measuring quality and performance

- Covers ALL aspects of a mental health employment service, including clinicians
- It is the only dedicated mental health employment audit tool
- Find out your service strengths and weaknesses re employment
- Improve quality and performance

Fidelity Reviews

- Usually external
- Led by CMH and experienced staff
- Usually 1 – 2 days
- Includes report and recommendations
- There is a cost
- Can contribute to CQC inspections

Fidelity Review Areas

- Staffing: caseload size, employment staff, links to wider employment programmes
- Organisation: integration (x2), voc. Rehab, vocational unit, supervisor, criteria, competitive emp., exec team
- Services: work incentives, disclosure, assessments, job search(x2), job development (x2), diversity (x2), follow along support, community, outreach and engagement

SCMH IPS Centres of Excellence programme

- 9 Centre's of Excellence, initially
- Status includes both Enable and mental health services and how they work together on employment

Working together is key....

- It is a whole system approach – not just Enable employment workers
- It is not a linear approach – “treatment first, employment later”
- Clinicians and employment workers need to work together to maximise health and employment outcomes

For example.....

- Focus on paid employment from the start at referral, assessment, review
- Employment workers working into clinical teams: co-location, sharing information (files) and data
- Training on employment for mental health staff

Benefits

- More people go into employment (in line with government policy and NI150)
- Less pressure on mental health services – less frequent contact, moving out of the mental health system