

Why invest in Individual Placement and Support (IPS)

Employment rates for people with severe mental illness are **unacceptably low**



...of people with severe mental illness want to work



...of people with severe mental illness are in work

Unemployment hurts wellbeing. Appropriate work can be key to mental health recovery

Unemployment is damaging to people's wellbeing and the wellbeing of those around them. People do not get used to being unemployed. Their wellbeing is permanently reduced.

Unemployment is strongly **linked to the development of mental health problems**

People with severe mental health problems who find paid employment show reduced symptoms, **improved quality of life**, and financial independence

“Employment and health form a virtuous circle: suitable work can be good for your health, and good health means that you are more likely to be employed.”

The Five Year Forward View for
Mental Health

Traditional models are not effective at helping people with severe mental illness into work

1.2m

people on Employment and Support Allowance (ESA) with a mental health issue and little contact with a work coach

**only
11%**

of people with mental health issues were supported into employment by Work Programme

Preparing people for work (“train then place”) is still common practice in the UK. Supported employment (“place then train”) like IPS is more effective

NICE recommends Individual Placement and Support (IPS) as **the leading model** to help people with mental illness into work

**More
jobs**

IPS achieves **twice the rate of job outcomes** for people with severe mental illness versus traditional employment support

**Better
health**

IPS clients have **reduced relapse** and spend **fewer days in hospital**

**Long
term
impact**

IPS clients **sustain jobs for longer** and earn more per hour

IPS is based on eight simple, evidence-based principles



1. It aims to get people into competitive employment... volunteering or sheltered work are not counted as outcomes



2. It is open to all those who want to work... with no exclusions based on diagnosis, health condition or benefits claim



3. It tries to find jobs consistent with people's preferences



4. It works quickly... job search starts within four weeks, even if a client has been off work for years



5. It brings employment specialists into clinical teams... so that employment becomes a core part of mental health treatment and recovery



6. Employment specialists develop relationships with employers based on a person's work preferences... not based on who happens to have jobs going



7. It provides ongoing, individualised support for the person and their employer... helping people to keep their jobs at difficult times



8. Benefits counselling is included... so no one is made worse off by participating

IPS is different to **traditional support models**

IPS

Everyone has the potential to do **real, paid work** with the right support

Start looking for work as soon as possible, then continue to support the individual and the employer in work

The focus should be **real, paid work**, not volunteering or other outcomes

Employment specialists and health clinicians are **highly integrated** – and provide “shared care” to clients

Traditional models

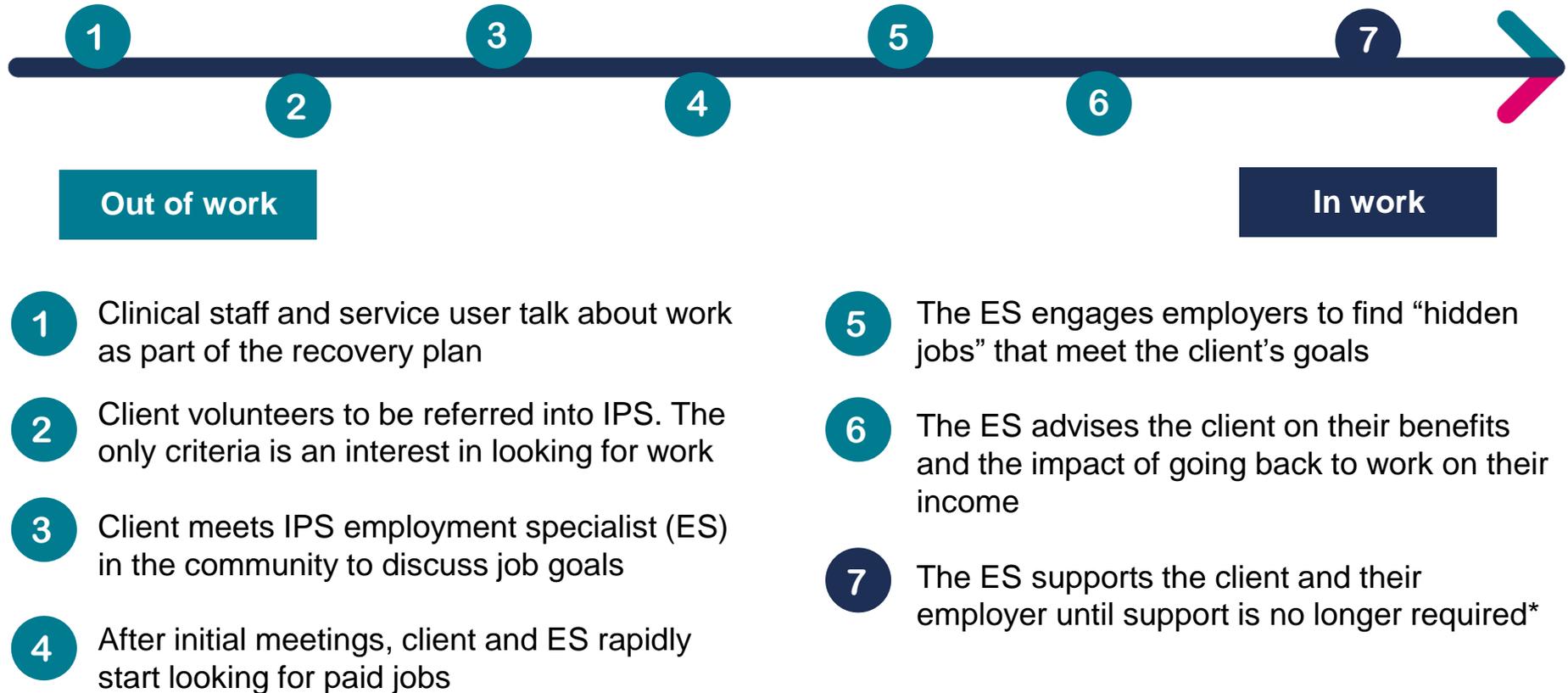
People’s **readiness for work** depends on their health condition

Spend an **extended period preparing for work** before starting to look for jobs. No/limited support in work

Focus on a range of outcomes, with **volunteering / training** more often achieved than real work

Employment specialists work independently of health teams with **limited interaction** between them

A typical IPS user journey: referral from clinical team; rapid, personalised job search; ongoing support



* There is some evidence that IPS with time-limited support, for example of nine months, delivers similar rates of job outcomes – see Burns et al (Oct 2015). A randomised controlled trial of time-limited individual placement and support: IPS-LITE trial

IPS delivers major benefits for local Council and NHS commissioners, as well as central government

Local government

Addresses poor employment, health, and wellbeing outcomes for one of the local area's most vulnerable groups

Supports key outcomes in public health, adult social care, and economic regeneration

Direct cash saving on Council Tax Support

The NHS

Reduces relapse and improves recovery from mental illness

Reduces health service use: fewer days in hospital, reduced rates of readmission. Creates c. £6,000 savings per person

Recommended by NICE as part of treatment and recovery

Cost-effectiveness studies show that for every £1 invested in IPS delivers a return of **£1.41 - £1.59**

Clinical staff see the value that IPS offers their clients

Mental health clinicians often make decisions their patients' job readiness without having those conversations with patients, despite many seeing paid work as a key recovery goal

Once IPS employment specialists are fully integrated members of the mental health team, they raise the team's expectations about service users' potential to go back to work

Clinical staff don't have to be experts in employment – they just need to raise work issues with service users and refer users to the IPS specialist

I'm a bit embarrassed really. When (the employment specialist) first came to our team I thought, what are they here for? We work with people who are really ill, you know? But they showed me I was wrong. I refer people now who say they want to work even if I think it's impossible for them to ever get a job as I'm constantly proved wrong.

Consultant psychiatric nurse

IPS client stories - CNWL case studies

At the beginning I was feeling very low. I was referred to Employment Services *when I felt I was ready to work*. By going out to meet employers, I became more confident in networking. Working has helped my concentration level, and helped me to maintain structure and routine.

Service user now working as a graphic designer

I am 44 and have had a mental and physical illness for over 20 years. After a few sessions with the ES...I became motivated and eager to look for a job. We did interview practice and I got a job. I couldn't have done this without constant support from the ES. **THANK YOU.**

Service user out of work for over 20 years

“Working with my Employment Specialist was a vital factor in my journey to recovery. I have high hopes for the future and look forward to every day.”

Service user now working as a fashion retail assistant

*“The support I was given gave me some hope I may find work. [My employment specialist] continuously kept in touch with me. She was encouraging and supportive. **The service I received helped to give me a new start and restore my pride.**”*

Service user now working as a Local Authority field interviewer

IPS in England today

In 2017, there were around 38 teams delivering IPS to 9,775 people with severe mental illness

- There are 17 “Centres of Excellence”, who are recognised by the Centre for Mental Health to provide high-fidelity IPS services
- IPS is provided by NHS Trusts, the voluntary sector, and private providers, all integrated in NHS mental health teams

NHS England has committed to doubling access to IPS for people with severe mental illness by 2021...

- ...and government is running several trials to see if IPS is effective for people with mild to moderate mental health conditions and/or physical health conditions, and when offered in different health settings



How to invest: fidelity, workforce, and outcomes

Fidelity

A 25-point fidelity scale measures IPS service quality. Evidence shows higher fidelity is linked to better outcomes – although service leadership and staff capability are also critical factors.

Commissioners should require external fidelity reviews

Workforce

IPS team leaders and employment specialists are highly-skilled, non-clinical roles that require empathy, persistence, optimism, and the ability to engage employers

Pay, conditions, progression, and training are critical. Commissioners and providers need to work together to ensure these are in place

Outcomes

IPS seeks to achieve paid, competitive and sustained employment outcomes for people with severe mental illness. Focusing on delivering these will typically improve service quality for users

Services should gather data to monitor fidelity to the model and measure job outcomes and job sustainment

Find out more

IPS Grow is an initiative to support IPS services as they develop in the UK

- Led by a consortium of IPS experts
- Developed a set of tools and resources available for free online
- These include commissioning tools; operational templates; recruitment and training tools; and standard data set
- IPS Grow will also look to develop learning communities across England to support services with continuous improvement

Support@IPSGrow.org.uk

www.IPSGrow.org.uk



The Centre for Mental Health has been promoting IPS for over a decade

- Published multiple reports on IPS and its implementation in different contexts
- Conducts fidelity reviews
- Runs the Centre of Excellence programme

www.centreformentalhealth.org.uk/



References (I)

Slide	Statement	Source
2	90% of people with severe mental illness want to work	Rinaldi, M. & Hill, R. (2000) Insufficient Concern: The Experiences, Attitudes and Perceptions of Disabled People and Employers towards Open Employment in one London Borough. Merton MIND Secker, J., Grove, B. & Seebohm, P. (2001) Challenging barriers to employment, training and education for mental health clients. The client's perspective. Journal of Mental Health, 10, 395–404.
2	8% of people with severe mental illness are in work	Mental Health Services Data Set (Jan 2018)
3	Unemployment is damaging to people's wellbeing and the wellbeing of those around them. People do not adapt to unemployment. Their wellbeing is permanently reduced	What Works Wellbeing (March 2017), based on systematic review of evidence
3	There is a strong link between unemployment and the development of mental health problems	Rinaldi, Perkins et al, Individual placement and support: from research to practice. Advances in Psychiatric Treatment vol 14 (2008)
3	People with severe mental health problems who find paid employment show reduced symptoms, improved quality of life, and financial independence	Rinaldi, Perkins et al, Individual placement and support: from research to practice. Advances in Psychiatric Treatment vol 14 (2008)
4	1.2 million people who claim Employment and Support Allowance (ESA) have a mental health issue and have little or no contact with a work coach	DWP. Note that individuals in the ESA Support Group typically have limited contact with a work coach
4	Only 11% of people with mental health issues were supported into employment by Work Programme	"Improving Lives: The Work, Health and Disability Green Paper Mental Health Sector Response" (2017)
4	Traditional "train then place" employment support models have not been successful at moving people out of sheltered work or volunteering. The positive wellbeing outcomes of paid work have not been found for sheltered work	Rinaldi, Perkins et al, Individual placement and support: from research to practice. Advances in Psychiatric Treatment vol 14 (2008)

References (II)

Slide	Statement	Source
5	NICE recommends Individual Placement and Support (IPS) as the leading model to help people with mental illness into work	NICE guidance for psychosis and schizophrenia in adults – Quality statement 5 (Feb 2015)
5	IPS achieves twice the rate of job outcomes for people with severe mental illness versus traditional employment support	Bond, G. (2013) Evidence for the Effectiveness of Individual Placement and Support Model of Supported Employment
5	IPS clients have reduced relapse and spend fewer days in hospital	Burns, T., White, S., Catty, J. (2008) Individual Placement and Support in Europe: the EQOLISE trial
5	IPS clients sustain jobs for longer and earn more per hour	Hoffmann et al, “Long-Term Effectiveness of Supported Employment: Five-Year Follow-up of a Randomized Controlled Trial” (May 2014): Study of 100 participants in Switzerland over 5 years Burns, T., White, S., Catty, J. (2008) Individual Placement and Support in Europe: the EQOLISE trial
9	Reduces relapse and improves recovery from mental illness	Burns, T., White, S., Catty, J. (2008) Individual Placement and Support in Europe: the EQOLISE trial
9	Reduces health service use: fewer days in hospital, reduced rates of readmission. Creates c. £6,000 savings per person supported by IPS	“Commissioning what works”, Centre for Mental Health Briefing Paper 41
9	Recommended by NICE as part of treatment and recovery	NICE guidance for psychosis and schizophrenia in adults – Quality statement 5 (Feb 2015)
9	Cost-effectiveness studies show that for every £1 invested in IPS delivers a return of £1.41 - £1.591	RAND Europe (Van Stolk et al, 2014); Public Health England Moving Into Work tool
12	In 2017, there were around 38 teams delivering IPS to 9,775 people with severe mental illness	Baseline audit of IPS services (2017), NHS Benchmarking and Centre for Mental Health
13	A 25-point fidelity scale measures IPS service quality. Evidence shows higher fidelity is linked to better outcomes	Bond, G. R., Becker, D. R., & Drake, R. E. (2011). Measurement of Fidelity of Implementation of Evidence-Based Practices: Case Example of the IPS Fidelity Scale and Kim et al (2015). Predictive validity of the Individual Placement and Support fidelity scale (IPS-25): A replication study