Overview: Employment and Individual Placement and Support (IPS)

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Employment is important to our social status and identity as it provides social connectivity and promotes self-esteem, self-worth, increased confidence, responsibility and independence. Meaningful employment fosters hope, participation and a sense of a better and brighter future.

Employment can reduce and/or stabilise symptoms, increase self-worth and provide an increased disposable income for those with a lived experience of mental health difficulties. Employment can reduce negative mental health symptoms and hospital admissions.

Discrimination of people with experience of mental health difficulties is a real obstacle to finding and keeping meaningful employment. Misconceptions and low expectations towards those with a mental health difficulty can impact on recruitment and hiring opportunities.

Barriers to Employment

The low rate of competitive employment among people diagnosed with a serious mental health condition constitutes a major barrier to social inclusion. Epidemiological studies in developed countries consistently indicate rates of competitive employment of less than 20% among people living with a serious mental health difficulty (Marwaha & Johnson, 2004).

People with mental health difficulties experience both individual and structural barriers to employment in the form of low motivation and confidence, side-effects of medication, fear of losing welfare benefits, employers' attitudes, perceived stigma and discrimination, and healthcare professionals' low expectations of them (*Royal College of Psychiatrists, 2002; Rinaldi & Perkins, 2004; Social Exclusion Unit, 2004*).

The low expectations held by mental health professionals *(Hugo, 2001; Burti & Mosher, 2003; O'Brien et al, 2003; Marwaha & Johnson, 2005; Lauber et al, 2006*) are driven by the dominance of a model of illness that emphasises symptoms and cure as opposed to a model of recovery, accommodating disability, access and the social aspects of management (*Boardman, 2003*). Mental health professionals may underestimate the skills, experience and capabilities of their clients and overestimate the risk to employers.

The fear of being stigmatised and discriminated against either in the process of job seeking, or within employment is common among people with mental health difficulties. (Corrigan *et al.*, 2003). Danson & Gilmore (2009) found that employers are wary of employing people with a health condition. They found that while employers had sympathy towards people with disabilities, mental health difficulties, or those who had recovered

from serious illness, they were also concerned that, as employees, their disability or illness might lead to future difficulties and financial pressures for the business.

Research Evidence

- Research into vocational rehabilitation has followed two strands: investigations into client characteristics and who is 'employable', and studies of which models and approaches are most effective:
- Diagnosis is not important: The majority of reviews show that there is little relationship between employment outcomes and the individual's diagnosis, severity of impairment and social skills (Bond *et al*, 2001*a*; MacDonald-Wilson *et al*, 2001).
- The indicators that do appear to be robust predictors of work outcomes include recent employment history, motivation and self-efficacy. Wanting to work and believing that you can are the best predictors of work outcomes. (Crowther *et al*, 2001)
- A Cochrane review of vocational rehabilitation for people with severe mental health difficulties found that individual placement and support (IPS) was more effective than other approaches in helping individuals to gain and retain competitive open employment (Crowther *et al*, 2001). Subsequent RCTS by Mueser *et al* (2004) and Cook *et al* (2005) published similar results in favour of the approach.
- Several studies have shown that individual placement and support (IPS) is more effective than day treatment (Bailey *et al*, 1998; Becker *et al*, 2001*a*; Drake *et al*, 1994, 1996*b*), and RCTs have shown that it improves open employment outcomes more effectively than group skills training (Drake *et al* 1996*a*), sheltered workshops (Drake *et al*, 1999), and psychosocial rehabilitation based on prevocational training (Lehman *et al*, 2002; Mueser *et al*, 2004).The longitudinal effectiveness of the approach has been shown in follow-up studies after 8–12 years (Salyers *et al*, 2004; Becker *et al*, 2007).
- People supported into open employment through an IPS approach worked significantly more hours per month, had higher average earnings and had better job tenure (Drake *et al*, 1996*a*,*b*, 1999; Crowther *et al*, 2001; Mueser *et al*, 2004).
- Job tenure is increased when pre-employment job preferences are matched in the job obtained and where people report early satisfaction with the job (Xie *et al*, 1997; Mueser *et al*, 2001).

IPS Employment model

IPS Supported Employment is an evidence-based approach to supported employment for people who have a severe mental health difficulty. IPS supports people in their efforts to achieve steady employment in mainstream competitive jobs, either part-time or full-time. This stands in contrast to other vocational rehabilitation approaches that employ people in sheltered workshops and other set-aside jobs.

IPS services are based on individual preferences. A genuine desire and motivation to seek employment is the main criteria for people wanting to obtain their ideal job. Within

the IPS model an individual's personal interests, strengths, skills and experience are explored.

Core IPS practice principles

1. Eligibility is based on individual preferences and choice
2. Supported employment is integrated with mental health treatment
3. Competitive employment is the primary goal
4. Rapid job search is enacted (preferably within first 4 weeks)
5. Benefits Counselling is provided
6. Employment specialists systematically develop integrated relationships (with employers and MH teams)
7. Support is time unlimited and individualised
8. Client preferences are honored

IPS – What works?

1. **Build an environment for change** - There may be varied reactions from management, clinicians, support staff, consumers, family and the wider community so it is important to build a strong consensus prior to implementation. Determine who will be informed, who will be the leaders, drivers and champions and build a network of key stakeholders in the implementation process.
2. **Increase knowledge about the IPS model** - Disseminate information to motivated and supportive team members and key stakeholders. Distribute inspiring employment materials throughout mental health services. Everyone involved should become conversant with the fidelity scale and the core practice principles of IPS.
3. **Seek executive management approval** - Strong leadership and senior endorsement is critical to IPS uptake. Executive management must be involved in the planning, implementation and monitoring of the program.
4. **Identify a potential IPS site coordinator** - This person will continuously reinforce the benefits of employment as a vehicle of recovery, they will remain up to date with IPS research and literature and become familiar with international IPS initiatives. They will endorse and promote the model throughout mental health services and with stakeholders. The site coordinator will play a critical role in driving key activities during implementation and ensures monitoring and evaluation occurs at steering committee level. The site coordinator must have strong business links/skills in order for this position to be successful.
5. **Self-Assessment of mental health services** - Mental health services have their own scope and capacity, identify along with staff which mental health team(s) have the capacity to implement and host an IPS employment specialist. Resources must be available to support the role e.g. office space, desk, chair laptop, mobile phone.
6. **Identify all MH service providers** in your CHO region.

7. **Referrals to IPS** may come through mental health teams but may also be made through community MH support services, self-referral, employer referral and education providers.
8. **Host an internal IPS forum** - Have a senior manager launch the forum and present to the team. It is important to talk about management expectations and commitment to the IPS program.

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