Individual Placement and Support (IPS) – Clinical Myth-buster

Why is access to paid employment an important health outcome?

For most of us having paid work is central to our wellbeing, health, life opportunities and financial security. Most people accessing mental health service users consistently identify that getting a job is an important aspect of their recovery. There is also strong evidence that:

- Poor mental health is both a cause and a consequence of unemployment
- Having the right job can play a central role in recovery and can also support discharge
- Diagnosis does not predict whether someone can work, wanting to work and believing you can do it is the most important factor
- People do not have to be 100% well to start the employment journey, returning to work can support recovery.
- There is no evidence that employment leads to clinical deterioration. As long as the individual is supported to access the right job with the right support
- Unemployment doesn't just impact on individuals; children growing up in workless households are almost twice as likely to fail at all stages of education^{1,2}

How does the IPS approach work?

IPS is an evidenced based practice, developed in the USA in the 1990s and is now used across the world. International clinical trials have confirmed it is the most effective approach for supporting people with mental health problems to find and sustain paid employment. It involves integrating Employment Specialists (ES) into a clinical team, and helping that team become more effective at supporting people to access competitive paid work. It is based on 8 principals and a 25 point fidelity scale. IPS also has more evidence than voluntary work or supported training schemes.

What is the role of the clinical team in supporting fidelity to IPS?

Health professionals often have low expectations around the ability of people accessing mental health services to gain employment. This can result in clinical staff not having employment conversations, or even discouraging people from going back to work due to fears about expected relapse. The research evidence shows the opposite, appropriate employment decreases the likelihood of relapse.³

You don't have to be an expert in having employment conversations, just remember the 5 Rs

- 1. Raise work issues with people early in their treatment pathway, and keep raising it
- 2. Recognise the risk factors being out of work has on individuals and their family
- 3. Respond effectively to the straightforward unemployment and work challenges that people identify
- 4. **Refer** people who have more complex difficulties to the Employment Specialist in your team and ensure an MDT approach. If there is no capacity refer to an external employment agency, and work jointly with that agency
- 5. **Revisit** work issues to review progress, and work jointly with the Employment Specialist in your team, or external agency

Feedback from clinical teams implementing the IPS approach?

"The Employment Services embedded in the community teams are a real asset. I have seen the impact of the service with various different people in their recovery journey. The service is accessible and very positive about the real possibility of a return to the workplace, in a meaningful way, and I have seen the rewards in self-esteem and self-confidence for the people that I work with." (Care Co-ordinator)

Feedback from people who have accessed IPS services?

"My ES has a genuine care and is naturally optimistic and empathic. I could barely speak without crying when she first supported me and now I am planning my own self-employment as well as increasing my qualifications to become more specialised in the teaching assistant and mentoring work I have now." (Service User who accessed IPS Services)

What Does Evidenced-based Employment Practice Involve?

Integrated Employment and Treatment	Zero Exclusion
 Employment Specialists (ES) are integrated with mental health teams. ES attend team meetings and work closely with the multi-disciplinary team to find solutions to issues that impact on work and recovery such as: Medication side effects (eg drowsiness) 	 People accessing mental health services rather than clinical staff decide when is the right time to start the return to work journey – the only criteria is wanting to work. All people are eligible for the service even if they: Are still experiencing symptoms of mental illness
 Persistent symptoms (eg hallucinations) Cognitive challenges (eg concentration, memory) Other rehabilitation needs (eg social skills, travel, budgeting) Managing substance abuse 	 Are not sure or anxious about returning to work, and need help and encouragement to explore their options Experience cognitive impairments eg problem solving Are still using substances Have a criminal record
Managing risk and safety issues	 Do not have previous job training or work experience Have had difficulty sustaining employment in the past
Competitive Jobs	Individual Preferences
 Competitive paid employment is the goal of IPS: I.e., regular jobs in the community open to anyone People accessing mental health services consistently feedback that access to the right paid job supports their recovery, self-worth and extends their social networks 	 ES focus on the employment goals of people they serve: ES use motivational approaches to help individuals identify their personal strengths, skills and job interests. ES help individuals build confidence and self-belief Finding the right job match helps people stay employed Individual preferences guide all aspects of the process
Rapid job search	Systematic Job Development
 As soon as people express an interest in employment the clinical team connect them with the ES. It is important to capitalise on each individual's motivation, ensuring we "strike while the iron is hot". Within 30 days the ES starts helping people to explore the job market, apply for jobs and with the individual's permission approach employers to negotiate job opportunities. There is an emphasis on finding the right job match with the right employer, not just any job. 	 ES spend time getting to know local employers to negotiate job opportunities that meet each individual's strengths, needs, abilities and preferences Face to face meetings with employers enables ES's and employers to work together to find the right job match ES keep in mind the job preferences of those they work with and explore a range of opportunities at each worksite ES keep themselves attuned to the quality of work environments, the potential for workplace adjustments that will accommodate individual strengths, skills symptoms and coping skills Up to 70% of jobs are never advertised ES will sometimes explore 'job carving' ie carving slices of work from the duties other staff do not have time to do
In Work Support	Benefits Planning
 Offered by ES, Care Co-ordinators and others It also includes natural supports, including family members, friends, co-workers, and other peers. <i>Examples of in work supports include:</i> Making decisions about sharing health conditions / personal information with employers 	It is important for individuals to know how their jobs (earned income) may impact on benefits. To help people make informed decisions about their financial future, employments specialists will ensure that each service user has access to benefits advice in order to:
 Negotiating reasonable adjustments On the job coaching from an ES or the employer Job transition support, e.g., graded return to work Support in managing health at work Managing the journey to work Managing the social demands of the workplace and dealing with work related challenges 	 Help individuals understand benefits requirements (rules) and other regulations related to benefits and employment. Support individuals to access 'better off calculations' when they know their job goal, and again when they have a job