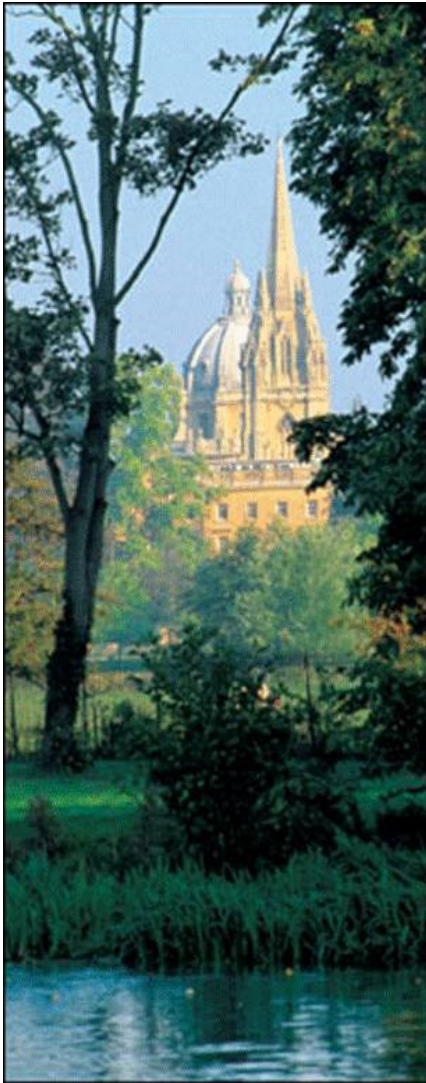


# The EQOLISE STUDY of IPS





# The EQOLISE study

- Why conduct a European trial?
- Most research from the USA
- Europe very different
  - Higher welfare provision
  - Greater employment protection
  - (reluctance to hire)

# Three questions

1. Is IPS effective in Europe?
2. Is its effectiveness influenced by broader social factors?
3. Does return to work for SMI patients involve health risks?

# EQOLISE, a European study

- 300 psychosis patients
- 6 countries
  - Italy, England, Switzerland, Germany, Bulgaria, Netherlands
  - Chosen to show spread of welfare systems
- 18month follow up
  - Traditional outcome – one day in open employment

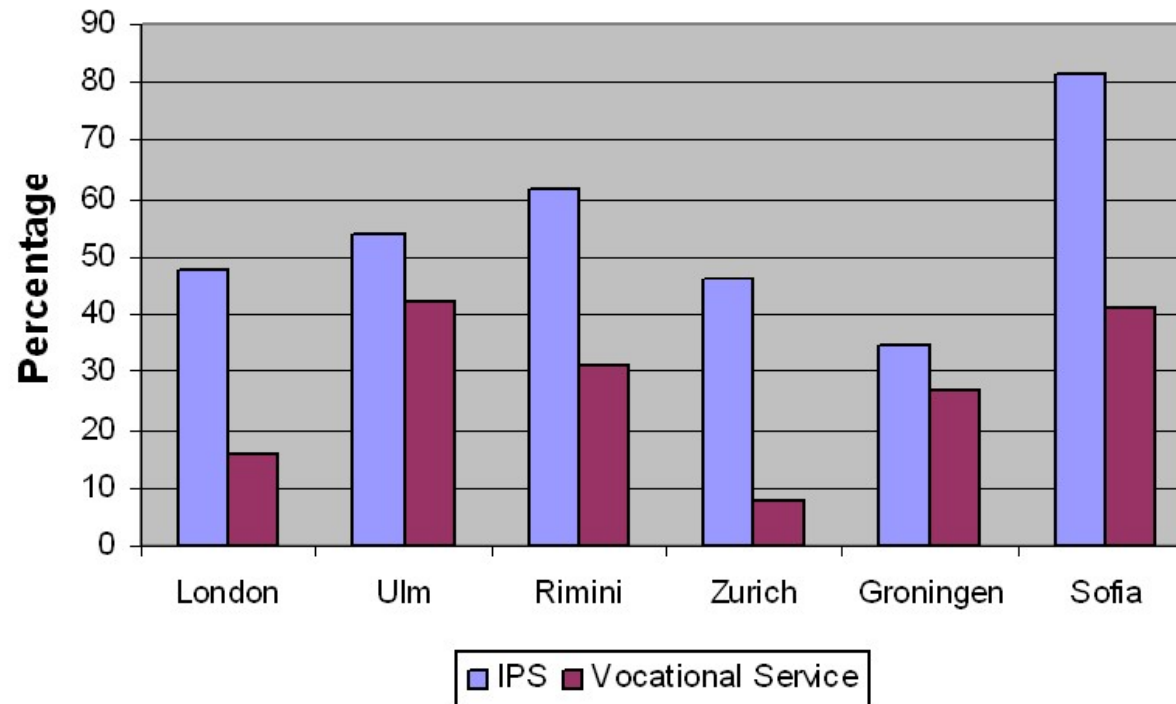
# MAIN OUTCOMES

# Vocational outcomes

<b>Difference between IPS and Vocational Services – vocational and hospitalisation outcomes</b>					
<b>Outcome</b>	<b>IPS</b>	<b>Vocational</b>	<b>Difference<sup>a</sup></b>	<b>95% CI<sup>a</sup></b>	<b>p-value</b>
<b>Worked for at least one day</b>	<b>85 (54.5%)</b>	<b>43 (27.6%)</b>	<b>26.9%</b>	<b>(16.4, 37.4)</b>	<b>&lt;0.001</b>
Number of hours worked <sup>a</sup>	428.8 (706.8)	119.1 (311.9)	308.7	(189.2, 434.2)	
<b>Number of days employed <sup>a</sup></b>	<b>130.3 (174.1)</b>	<b>30.5 (80.1)</b>	<b>99.8%</b>	<b>(70.7, 129.3)</b>	
<b>Job tenure (days) <sup>a</sup></b>	<b>213.6 (159.4)</b>	<b>108.4 (112.0)</b>	<b>104.9%</b>	<b>(56.0, 155.0)</b>	
Drop-out from service	20 (12.8%)	70 (44.9%)	-32.1%	(-41.5, -22.7)	<0.001
Hospitalized	28 (20.1%)	42 (31.3%)	-11.2%	(-21.5, -0.90)	0.034
Percentage of time spent in hospital	4.6 (13.6)	8.9 (20.1)	-4.3	(-8.40, -0.59)	

# REGIONAL VARIATION

# Worked for a day by centre





FURTHER THOUGHTS

# Variation in IPS outcomes

- Impact of Welfare systems
- Impact of model fidelity (not observed)
- Subtle variations in practice and 'ideology'

# Are all IPS Principles equally important

1. Competitive employment
2. Open to anyone who wants to work
- 3. Rapid job search**
- 4. Attention to client preferences**
- 5. Time-unlimited support**
6. Integrated with mental health care
7. Personalised benefits counselling

# Can IPS be streamlined? IPS-LITE

- Within 9 months, gets no job – refer back to MH team
  - ‘perhaps not the right time’
  - ‘welcome back if things change’
- Within 9 months gets a job
  - 4 months persisting support with discharge clearly understood
  - Back to MH team or discharge

A randomised controlled trial of time-limited  
individual placement and support: IPS-LITE trial

The British Journal of Psychiatry (2015)

207, 351–356. doi: 10.1192/bjp.bp.114.152082

# Hypotheses

## **Less effective**

Fewer employed per IPS worker/year

Or:

Higher throughput so still possibly higher cost benefit

## **More effective**

Focuses client and job coach on getting on with it

# Time to Discharge

## Employment outcomes at 18/12

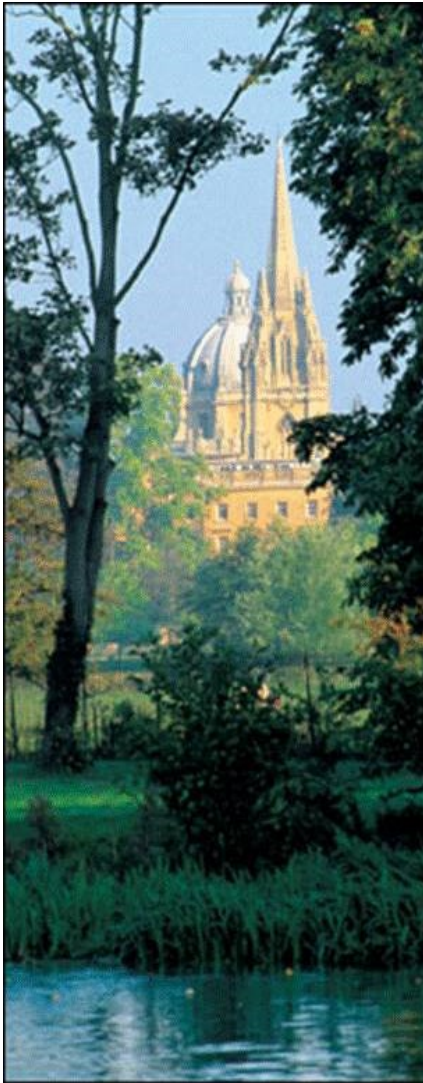
- |                 | One day  | Three months |
|-----------------|----------|--------------|
| • IPS (61)      | 27 (46%) | 18 (31%)     |
| • IPS-LITE (62) | 24 (41%) | 15 (25%)     |
- No significant advantage but IPS looks better

# Time to First Job



## Increased capacity from discharges

- IPS            12.7%            (27) 30.6 returns to work
- IPS LITE    46.5%            (24) 35.8 returns to work
- Impact of discharges will be cumulative



# Conclusions

- IPS is very effective
- Probably can be improved
  - Shortened, focused
  - Systematic approach needed
- Risk of over-complication
- Risk of drift

**Bravo to IPS Rimini  
Greetings from Oxford and London**

