The road ahead

AFTER 20 YEARS OF IPS IN EUROPE

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MIND

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- Work and human needs
- Contradiction takes us further
- IPS, a dynamic model
- The road ahead for IPS
- Towards enabling contexts
  - Enabling mental healthcare
  - Healther work environments
  - Helpful social policies
- Closing remarks

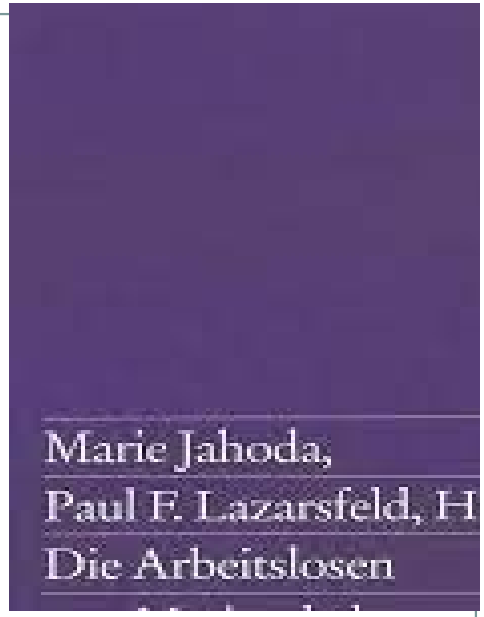
Edward Hopper The Museum of Modern Art, New York

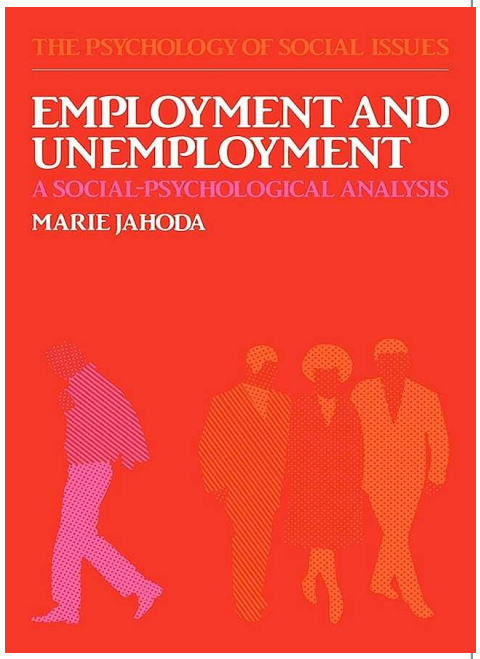
The value of employment

1. **Social contacts and support** (sharing joys and sorrows, no loneliness)
2. **Shared goals with others** (achieve something together, be stimulated)
3. **Be active in meaningful activities** (literally and figuratively moving)
4. **Time structure** (meaningful activities that get you out of bed)
5. **Personal identity and social status** (I am part of society, I am important)

(Marie Jahoda, 1982)

Five factors that strongly contribute to mental health





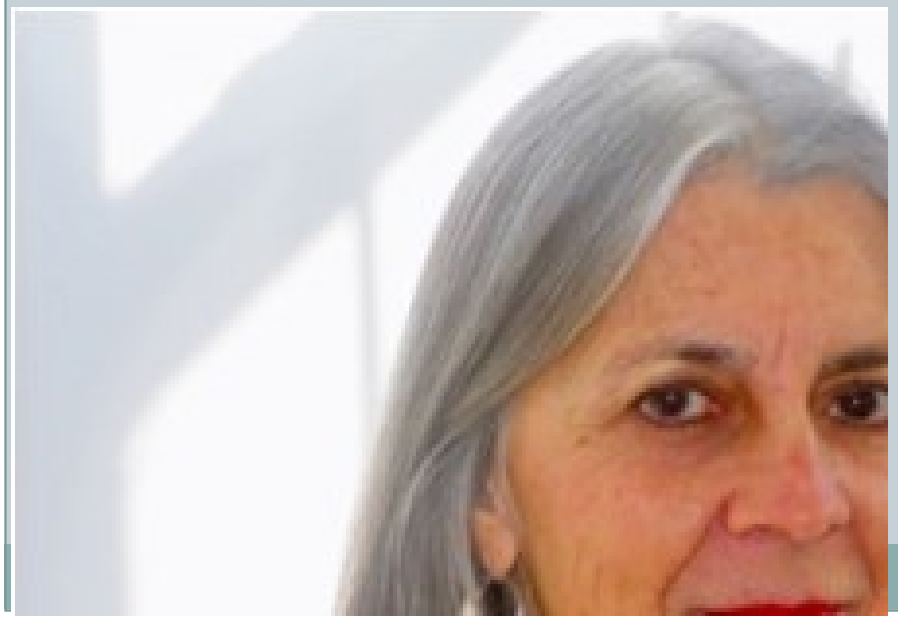
Individual Placement and Support (IPS)

Principles

- Competitive employment is the goal (whole or part-time)
- No selection criteria, beyond expressed motivation, i.e. accessible to *all* who want to work ('zero exclusion')
- Focus on consumer preference – 'fitting the job to the person'
- Based on rapid job search and placement. Minimizes pre-employment assessment and training - '*place-then-train*'
- Relies on close working between employment specialists and clinical teams
- Provides individualized, long-term support with continuity
- Builds a network of employment opportunities (job development)
- Includes access to expert benefits counseling

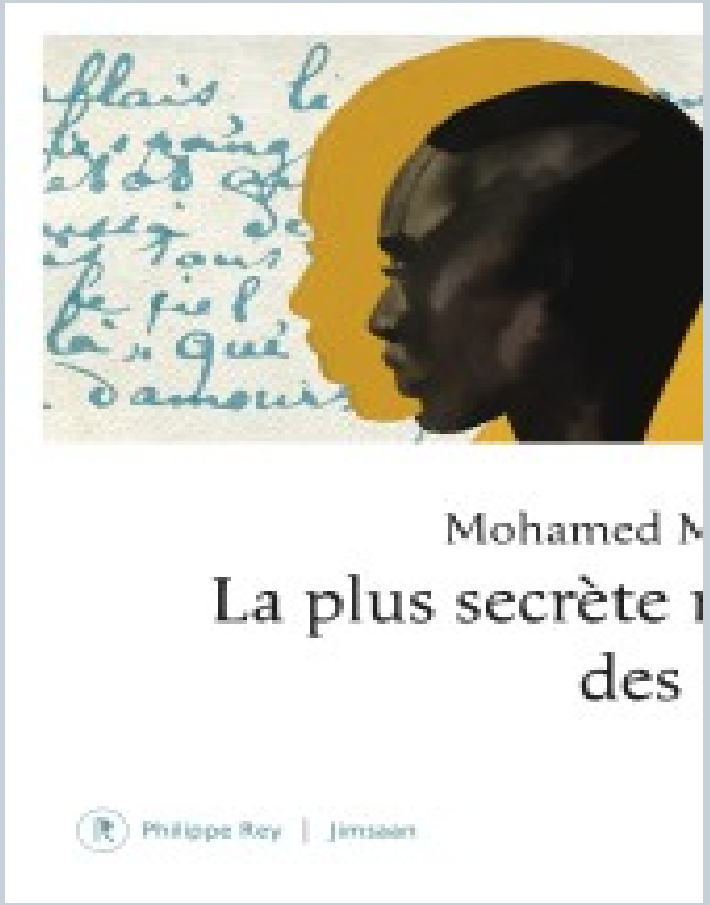
Individual Placement and Support (IPS)

Evidence-Based Supported Employment Model
Developed by Deborah Becker and Robert Drake
A Working Life (1993)



The past and the future

"The past has its time; it is always waiting patiently on the corner of the future (….)."



Criticism of IPS
(contradiction takes us further)

General

- Triumphalist language
- 'One size fits all'
- Connected with market competition, deregulation and excessive emphasis on personal responsibility (also Atterbury, 2021)

Objectives IPS

- From 'competitive employment' to 'decent work'
- Underestimating the value of sheltered work and volunteer work
- More attention to lifelong learning and career perspectives
- Multifaceted regional vocational rehabilitation system needed

Applying and further developing IPS

- Free actions versus fidelity
- Autonomy of professional
- Applying existing knowledge ánd co-creating new knowledge
- Attention to contextuality of intervention
- Valuing 'open conversation space'
- Career competencies.

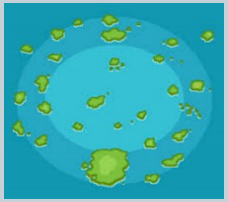
Research on effectiveness

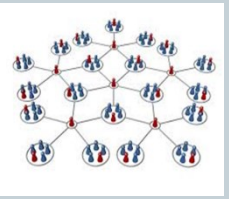
- Overstating evidence
- Not only 'what works' but also 'why it works'
- Dissaproving RCT's on scientific and moral grounds
- Favoring participative/action research

IPS – a dynamic model

New target groups: People with SMI **ánd** CMD, ASD, MID, acquired brain injury, etc.

New providers: Mental health organisations **ánd** supported housing agencies, municipalities





Extra objectives: Regular employment **ánd** education

Add-on interventions: Cognitive remediation, WRAP, WPF, CORAL, etc.

More input (needed) from employers

IPS a dynamic model?

Modification of IPS

"Current evidence indicates that minor modifications may increase fit, major alterations of core principles generally reduce effectiveness, and augmentations have mixed effects"

(Drake, Bond & Mascayano, 2023)

The way ahead for IPS as a model

a. CMD and depression
b. Most distinguishing feature: integration with MH care
c. Develop career competencies
d. Dosage: Working hours and mental health
e. Decision aid CORAL as add-on
f. Fidelity assessment: summative vs. formative evaluations
g. Peer support workers in IPS
h. Virtual Reality interventions as add-ons

Flanking policies:

- Effective dissemination and implementation strategies.
- Shared ownership and a Whole system approach: building regional networks with all stakeholders: employers, VR system, MH organizations, people with MHP and family members, etc.
- Sheltered work, social firms and volunteer work: stimulate development of strong, evidence-based interventions for these alternatives (but don't call it IPS).

Extra attention to common mental disorders

- A meta-analysis (De Winter et al (2022) indicated that IPS is effective for different subgroups, regardless of diagnostic, clinical, functional and personal characteristics.
- However, IPS was relatively more effective for clients with SMIs, schizophrenia spectrum disorders and a low symptom severity.
- Although still effective for people with CMD and with major depressive disorder, IPS was relatively less effective for these subgroups.

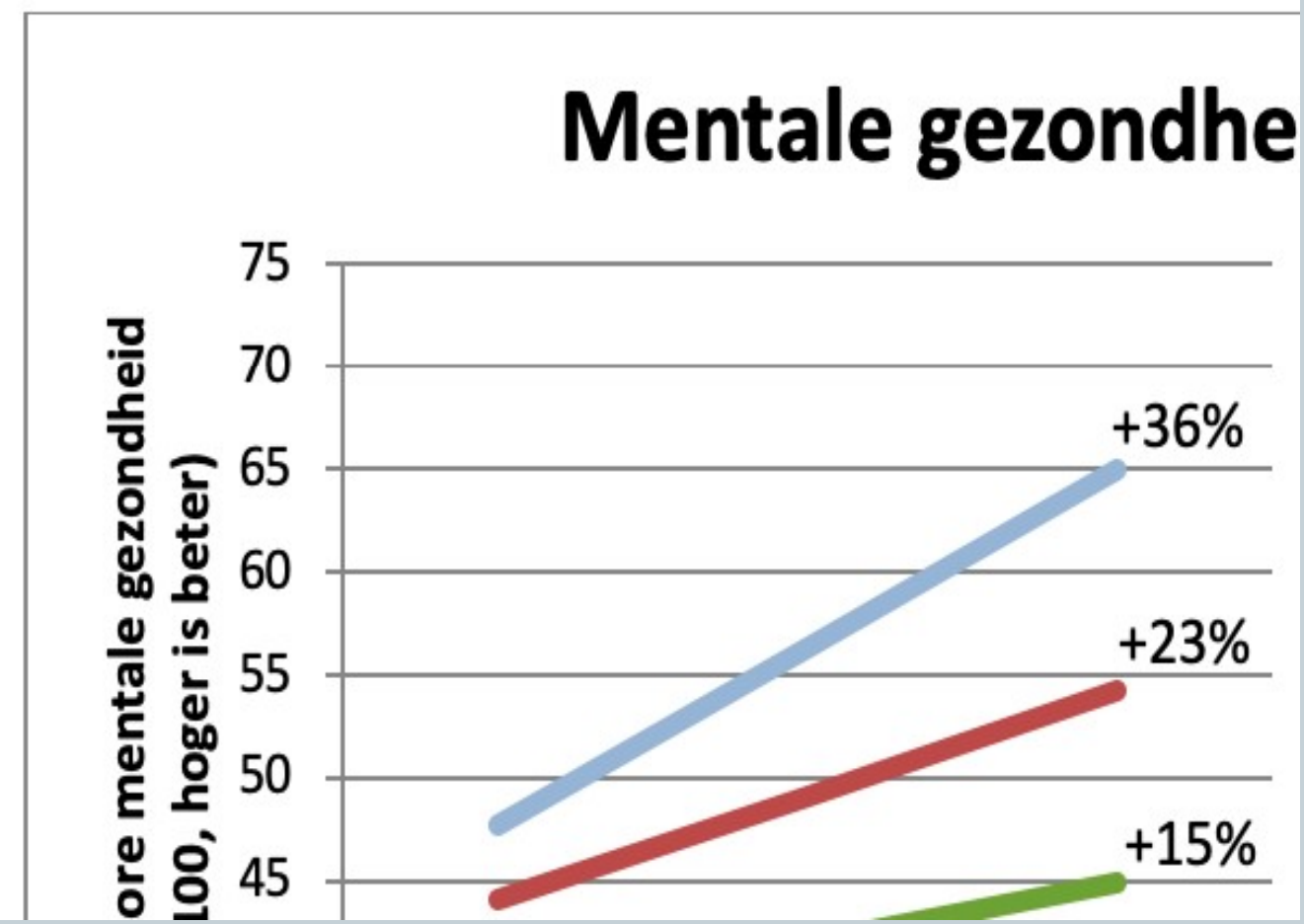
Integration with mental healthcare

- Perhaps most distinguishing IPS principle: integration with mental healthcare
- Not just treatment add-ons
- Large practice variation
- What if integration with MH care doesn't come about at all?
- Hardly any research addressing this subject

Career competencies

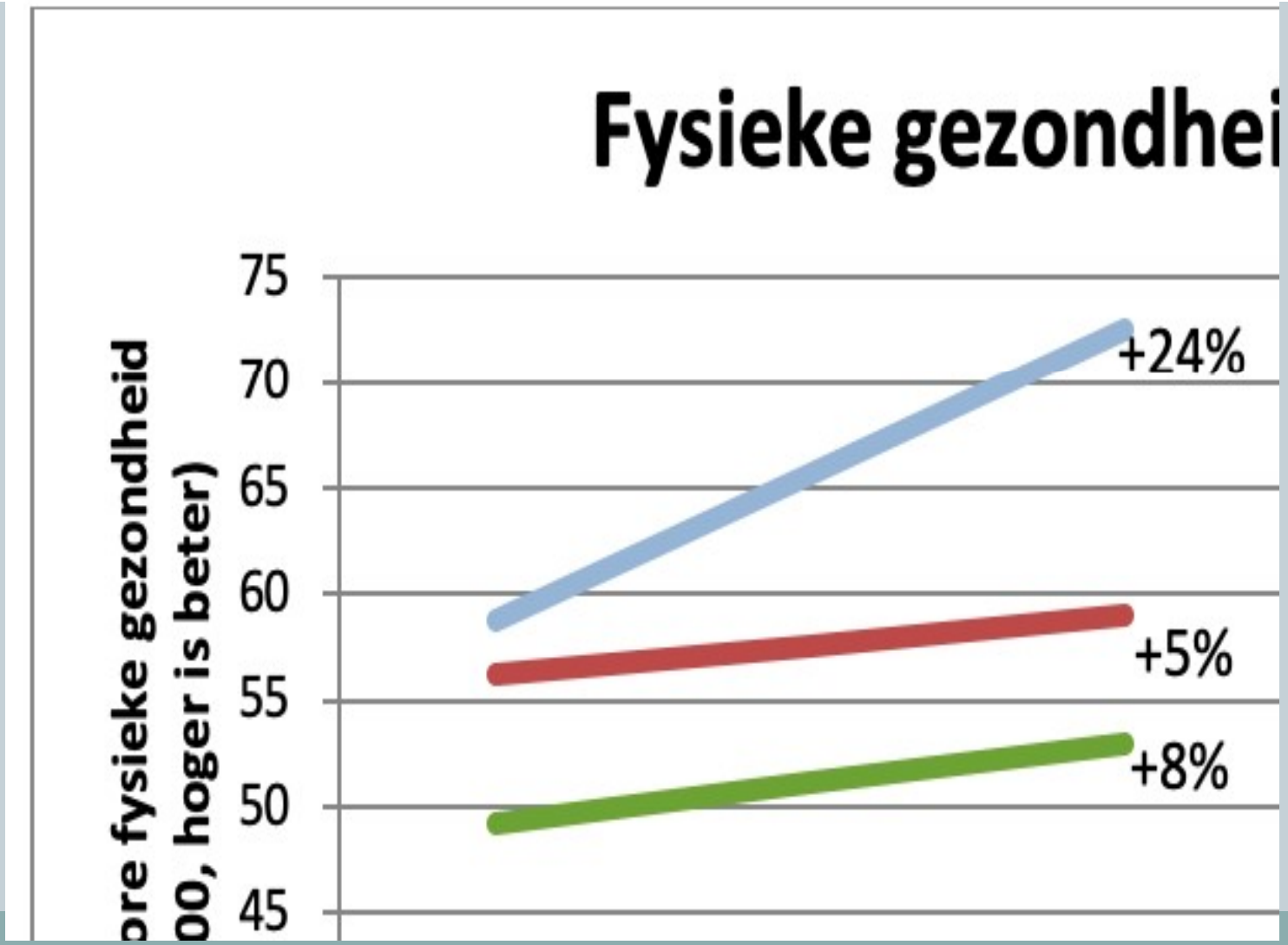
- Quality reflection
  - (what can I do best and how do I know?)
- Motivational reflection
  - (what is important for me and why?)
- Work exploration
  - (which workplace suits me best and why?)
- Career management
  - (how do I achieve my goal?)
- Networking
  - (who can help me achieve my goal and why those people?)

People with mental health problems: Start working and their mental health



Schuring et al., Re-employment and health, JECH, 2011;65(7):639-44

Start working and physical health



CORAL:
Stigma awareness intervention

- Workplace stigma and discrimination is a major barrier
- Both negative attitudes and behaviours of employers as well as self-stigma and anticipated stigma are obstacles in finding and keeping employment
- Anticipated stigma: “If men define situations as real, they are real in their consequences” (Theorema of Thomas, 1928).

Disclosure

Five strategies:

1. Social avoidance
2. Secrecy
3. Selective disclosure
4. Indiscriminant disclosure
5. Broadcast

(Corrigan, 2008)

Each strategy has its own advantages and disadvantages

Aim of the study

- To examine the effects of the stigma awareness intervention on:
  1. Finding paid employment, and
  2. Retaining paid employment

- Target group: unemployed people who receive social benefits and have (had) MHI

Janssens, K., Joosen, M., C. Henderson, C., den Hollander, W., Bakker, M., van Weeghel, J. & Brouwers, E. (2023). Effectiveness of a Stigma Awareness Intervention on Reemployment of People with Mental Health Issues/Mental Illness: A Cluster Randomised Controlled Trial. Journal of Occupational Rehabilitation https://doi.org/10.1007/s10926-023-10129-z

Stigma awareness intervention

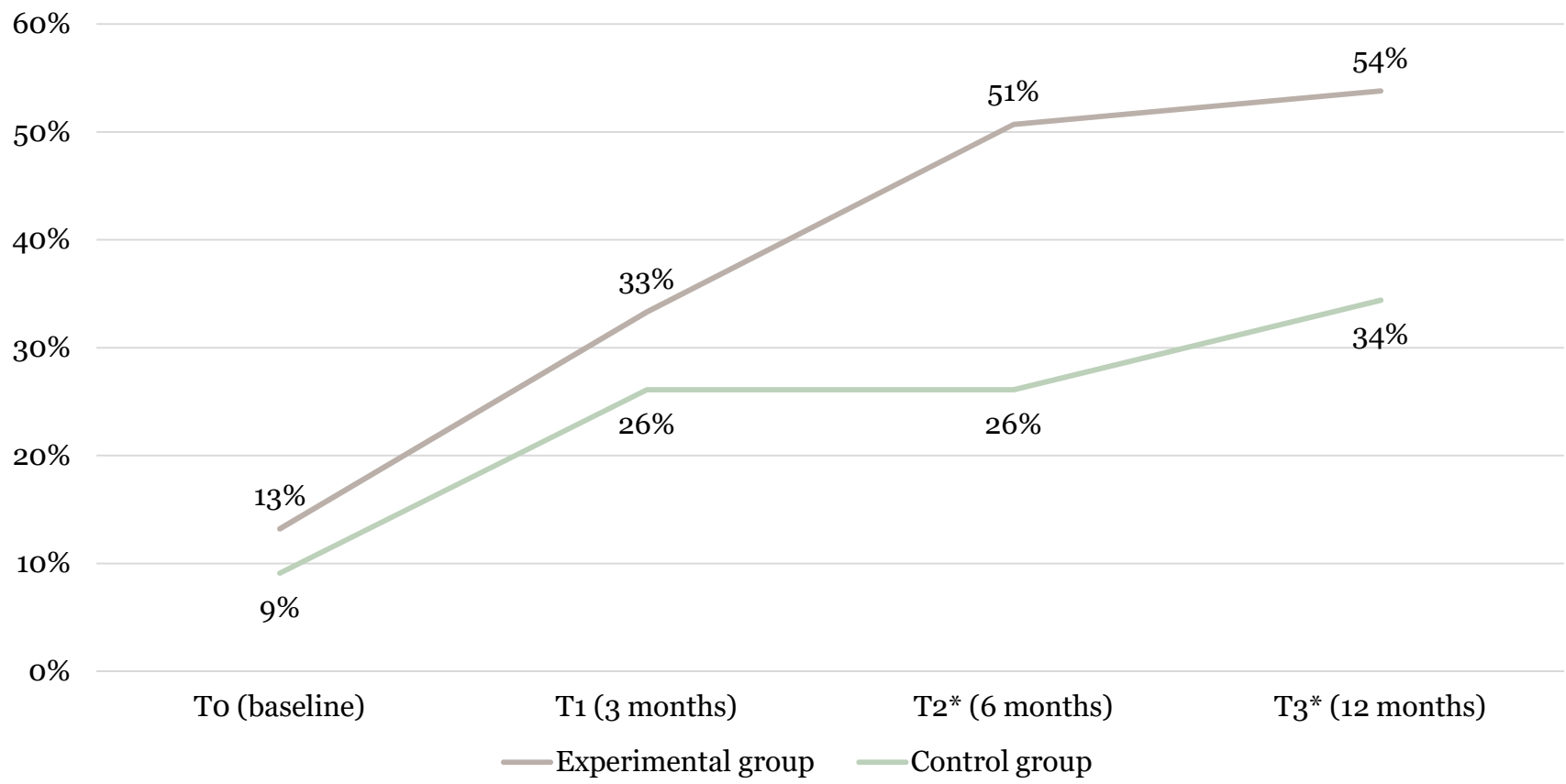
- Conceal OR ReveAL (CORAL) decision aid
- Stigma awareness training for employment specialists
  - 3 x 2h training sessions

Methods

- Cluster randomized controlled trial
  - Randomization of organizations, i.e. Dutch municipalities and organizations working on behalf of these municipalities

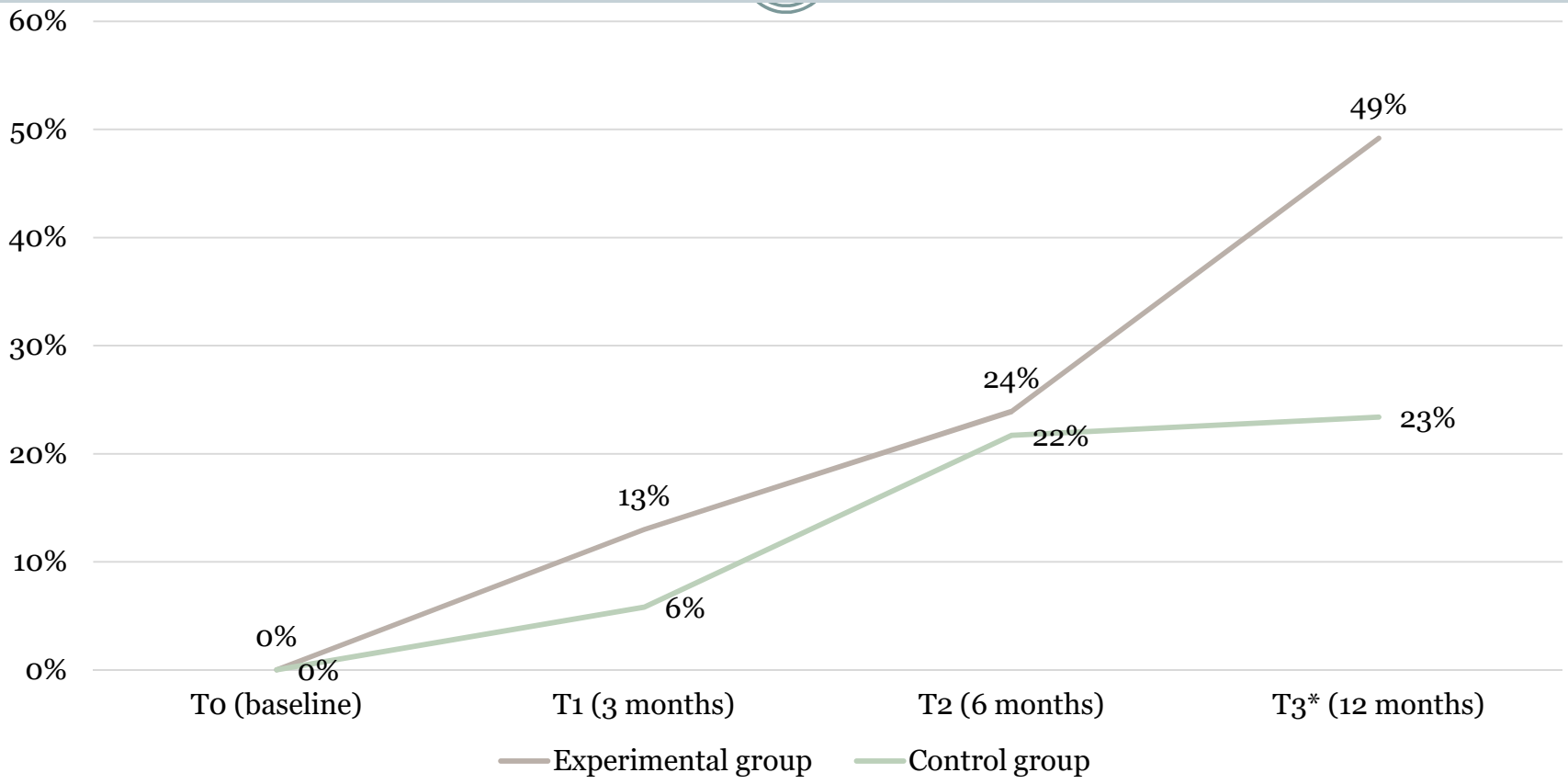
- N = 153 participants
  - Control group: N = 77 participants
  - Experimental group: N = 76 participants

Results – finding paid work



* Significant at level p<0.05

Results – retaining paid work



* Significant at level p<0.05

IPS Fidelity assessments

- New populations and new IPS providers: 'fidelity will be compromized'
- Fidelity is partly a paradox: freedom of choice, shared decision-making and individualisation are, or should be, mandatory and standardized elements in fidelity scales.
- Distinction between formative and summative assessments may be relevant
  - **Formative assessments**: conducted during the development or improvement of an intervention. Such assessments are intended to provide as much feedback as possible, which is subsequently used to provide practitioners with specific advice.
  - **Summative assessments:** take stock of the development process: Are we meeting the standards associated with our goal?
- Most practitioners are likely to be more motivated when the regular monitoring of fidelity consists of formative assessments.
- Such monitoring will probably yield the best results when the assessments are conducted in the context of a well-guided learning community.

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Evidence-based practice on three levels
(Scheyett, 2006)

- **EB environments**

Social connections, care systems and policies: financial recources, community support programmes, non-stigmatizing environments

- EB interventions

IPS, (F)ACT, IDDT, CGT, EMDR, family interventions, etc.

- EB-processes

Good working alliance, shared decision making, offer hope for recovery, enhance autonomy and agency, facilitate initiatives of service users, etc.

Towards enabling contexts

(for people with MH problems who want to work, and therefore for IPS)

1. Enabling community mental healthcare
2. Healthier work environments
3. Helpful social policies

Enabling Mental Health care

EUCOMS position paper: "Recovery for all-in the community"

Principles and key elements:

- Human rights
- Public health
- Recovery
- Effective interventions
- Community network of care
- Peer expertise

Keet, R., Vetten-Mc Mahon, M. de, Shields-Zeeman, L., Ruud, T., van Weeghel, J., Bahler, M., Mulder, C.L., Zelst, C. van, Murphy, B., Westen, K., Nas, C., Petrea, I., Pieters, G. (2019). Recovery for all in the Community; Position Paper on Principles and Key Elements of Community-Based Mental Health Care. BMC Psychiatry.

Network MH care

Guiding Principles:

- Cross-sectoral cooperation
- Continuity of care according to recovery oriented principles
- Regional embedding
- Client in control: care is organized around the person with a serious mental illness and their loved ones: the microsystem (Resource groups)

(Mulder, Van Weeghel, Delespaul et al., 2020)

Good RCT results of resource groups (Tjaden et al., 2021*):

Empowerment (large effect), quality of life, personal recovery, quality of social contacts, disabilities, social functioning.

Citizenship:
additional to recovery concept

- Recovery: personal processes of people who try to resume their lives despite their MH problems and additional limitations (Deegan, 1988; Boevink, 1997)
- Social backgrounds and implications of mental illness are insufficiently reflected (poverty, inequality, stigma and other social injustice)
- “The dominant chords in recovery discourse are hope, self-determination, and a personalized journey, which are commonly sounded in ways that minimize the decisive roles of structure, state, culture, and society” (Hopper, 2012)
- The concept of citizenship may offer a better perspective to social inclusion: it raises the expectation that upstream factors that impede recovery will be identified and addressed (Jordan et al., 2022; White et al., 2016)

Decent work

ILO (International Labour Organisation)

Elements:

- **Job Creation** - no one should be barred from their desired work due to lack of employment opportunities
- **Rights at Work**, including minimum wage - Workers rights include the right to just and favourable conditions, days off, 8-hour days, non-discrimination and living wages for them and their families, amongst others
- **Social Protection** - all workers should have safe working conditions, adequate free time and rest, access to benefits like healthcare, pension, and parental leave, among many others
- **Social Dialogue -** workers should be able to exercise workplace democracy through their unions and negotiate their workplace conditions as well as national and international labour and development policies.

NB: Decent work is part of Sustainable Development Goals of the UN

Mental health at work

(WHO & ILO, 2022)

Work: Opportunity and risk for mental health

"For all people, regardless of whether they have a mental health condition, workplaces can be places that enhance or undermine mental health."

Mental health at work

(WHO & ILO, 2022)

- **Prevent work-related mental health conditions** through psychosocial risk management which includes using organizational interventions to reshape working conditions, cultures and relationships.
- **Protect and promote mental health at work**, especially through training and interventions that improve mental health literacy, strenghten skills to recognize and act on mental health conditions at work, and empower workers to seek support.
- **Support workers with mental health conditions** to participate fully and equitably in work through reasonable accommodations, return-to-work programmes and supported employment initiatives.
- **Create an enabling environment** with cross-cutting actions to improve mental health at work through leadership, investment, rights, integration, participation, evidence and compliance.

Poverty and mental illness

Social causation:

- Growing up in poverty and social deprivation increases the risk of (serious) mental health (including suicidality)

Social decline:

- People with (serious) mental health problems have a greater chance of poverty and unequal treatment.

(Wahlbeck et al., 2017)

Key issue in Dutch national elections

The right to an adequate standard of living

('bestaanszekerheid')

Elements:

- Sufficient and predictable income
- Adequate housing
- Access to education
- Access to care and treatment
- Buffer for unexpected expenses
- Social inclusion

In how far is IPS really part of a comprehensive integrated approach?

Closing remarks

- There are many ways to enhance and expand IPS in Europe.
- But this should not be done in ‘splendid isolation’.
- What we also need is:
  - Accessible, recovery-oriented MH care;
  - Decent work and mental health awareness in the workplace;
  - Social policies aimed at an adequate standard living for all citizens.

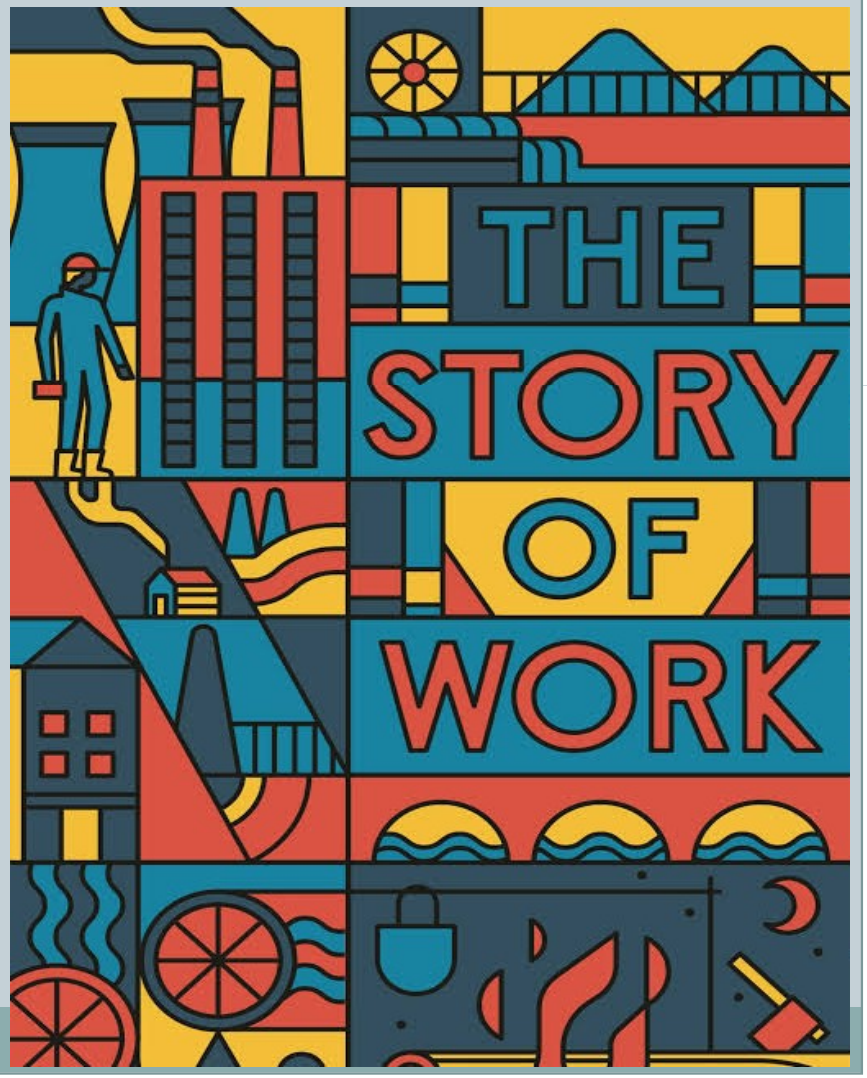
But can we ever realize all this?

Work: long historic lines

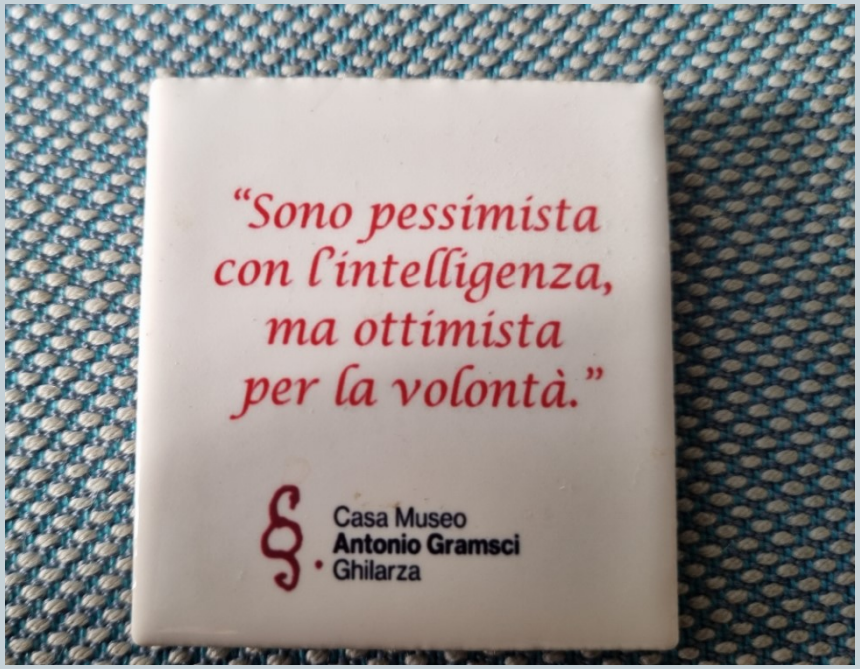
1. Work is a meaning-maker, especially in a social sense
2. Collaboration is a basic need
3. There is a fundamental need for fairness, a social-psychological limit to social inequality.

(Lucassen, 2022; 544 pages).

So, is there reason to be optimistic?



Antonio Gramsci (1891-1937)



"I am a pessimist with my mind, but an optimist of the will"

Thank you for your attention!