



# Third International meeting of the European Learning Collaborative on IPS

England

Presenter Details

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# Background – evolving IPS to new populations



## TRIAL FOR GENERAL HEALTH CONDITIONS:

- England created an RCT to test IPS for unemployed people with general health conditions in primary and community care setting (GP practices, outpatient physio or pain clinics)
- This cohort experienced higher unemployment rates than the general population and had not been helped with mainstream employability programmes.
- The trial participants had many barriers to work: many recruits had not worked for 2 years, and some had never worked. It was common for recruits to have 6 or more interacting health conditions.
- These “Health-led RCT” trials ran from 2018 to 2020 across 2 large regions in England

## IMPACT:

IPS showed varying impact on employability, improved perception of health and a return on investment



# Background – evolving IPS to new populations



- We have found that IPS is able to be fully expressed for 17 of the 25 fidelity items in a primary care setting
- There are 8 items that are compromised due to the different setting and context
- We used IPS-lite for the RCT
- Given IPS is a change tool– the items that are compromised are not a surprise
  - = bringing treatment teams focus and awareness of how employment can assist people



## UK FIDELITY ITEM :

Item 1	Caseload size (p37 of manual)
Item 4	Integration with CMHT through team assignment (p46 manual)
Item 5	Integration with CMHT through frequent contact (p49 of manual)
Item 10	Mental Health Trust focus on competitive employment (p72 of manual)
Item 11	Executive team support (p77 of manual)
Item 14	On-going work based vocational assessment (p93 of manual)
Item 22	Individualized follow along supports (p 118 of manual)
Item 23	Time unlimited follow along support (p122 of the manual)
Item 25	Assertive engagement and outreach by integrated team (p127 of manual)

# Considerations for delivery



## ITEM 1 – caseload size

Employment specialists have individual employment caseloads. The maximum caseload for any full-time employment specialist is 20 or fewer clients

### Challenges in primary care:

- ES able to work with up to 25 cases



# Considerations for delivery

## ITEM 4 – part of 2 teams

Employment specialists are a part of up to two health treatment teams from which at least 90% of the employment specialist's caseload is comprised.

### Challenges in primary care:

- IPS specialists in primary care may need to fold into multiple teams (3-5 vs 1-2) to gain sufficient referrals
- These teams may not have structured client focused meetings (especially in a GP practice)
- The ES need to find time to manage a visit to each team weekly to engage and build relationships – over time this may drop to fortnightly and hence the ES must find other ways to stay engaged
- Extra support from TL, targeted newsletters, blogs, testimonials is needed

# Considerations for delivery

## ITEM 5 – integration into 2 teams

Employment specialists actively participate in weekly health treatment team meetings, with shared decision-making. The ES is close proximity to (or shared with) their treatment team. Documentation is integrated in a single client chart. Employment specialists help the team think about employment for people who haven't yet been referred to supported employment services.

### Challenge in primary care:

- Limited space for the ES to be based with primary care team. Also, a GP practice wont allow a patient from another location be seen in their location
- Patient records system very difficult to be integrated into and we found doctors and allied health staff don't read the employment notes
- A focus for swift discharge and limited focus on longer term planning
- GPs (and other allied health staff) do not want to have conversations about work – they have 10mins on average per patient
- A lot of focus on teaching treatment staff to have POSITIVE conversations about work and just refer on immediately to the ES

## **ITEM 10 – system focuses on employment**

Agency promotes competitive work through multiple strategies. Agency intake includes questions about interest in employment, displays written postings about employment and supported employment services. The focus should be with the agency programs that provide services to adults with severe mental illness. Agency supports ways for clients to share work stories with other clients and staff. Agency measures rate of competitive employment and shares this information with agency leadership and staff.

### **Challenges in primary care:**

- Primary care is a new system with a focus on prevention and acute health education
- In time, able to get posters about work up on notice boards
- Harder to get overall organization to measure employment and report on that or promote



# Considerations for delivery



## **ITEM 11 – leadership support**

Agency executive team members (e.g., CEO/Executive Director, Chief Operating Officer, QA Director, Chief Financial Officer, Clinical Director, Medical Director, Human Resource Director) assist with supported employment implementation and sustainability. All five key components of executive team support are present.

## **Challenges in primary care:**

- Over time, primary care teams are can develop greater buy in and commitment to IPS and employment as a health outcome



# Considerations for delivery

## ITEM 14 – involved treatment team in VP and planning

Initial vocational assessment occurs over 2-3 sessions and is updated with information from work experiences in competitive jobs. Sources of information include the client, treatment team, clinical records...

### Challenges in primary care:

- Often unable to gain real input from the treating team
- Unable to meet and discuss – use clinical notes
- We sent a summary of VP and goals to GP for review and comment
- We tried organizing a meeting with client and treatment team member and this did not work
- Accept you cant fully express this delivery item and try and rely on clinical notes

# Considerations for delivery

## ITEM 22 – involve treatment team in work support

Clients receive different types of support for working a job that are based on the job, client preferences, work history, needs, etc. Supports are provided by a variety of people, including treatment team members

### Challenges in primary care

- Primary care treatment team don't easily engage and get involved
- Often the client has been discharged
- Where possible we sent a summary of the in-work support plan and outline of possible adjustments/accommodations for comment/ improvement
- Utilize clinical notes for ideas and updates if can get on the system
- Accept you cant fully express this delivery item

# Considerations for delivery

## **ITEM 25 – involve treatment team in assertive engagement**

Service termination is not based on missed appointments or fixed time limits. Systematic documentation of outreach attempts. Engagement and outreach attempts made by integrated team members.

The reasons people stop attending IPS appointments vary. IPS specialists attempt to meet in person to learn about the problem. They work with the mental health treatment team practitioners and family members (with permission) to make services accessible to the person.

### **Challenges in primary care**

- The system have very strict rules around missed appointments
- Treatment staff will never have time for joint community or home visits
- Accept you cant fully express this delivery item

# Summary

- Ultimately, we found services lose 2-3 points each from the 9 items listed  
(lose 18-27 points)
- We encourage services to focus on the intent of the items and find ways to continuously improve the focus and delivery for that item
- They can focus on many other aspects of IPS delivery – especially client engagement, good employer engagement, in work support
- Over time we found the primary care setting did improve with leadership commitment to employment and treatment team commitment to positive conversations about employment as part of the recovery journey

# Thank you



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