**Reykjavik Conference DAY 1 – Thursday 16th Sept. 2021**

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| **Workshop 1 - Day 1** |
| Valuing and Using Personal Experience in IPS Practice – (90 mins) |
| **Learning objectives** |
| 1. Explore the value of IPS practitioners using their personal experience in IPS practice. 2. Think about ways in which IPS Teams might value and use the breadth of personal experience that exists among their practitioners in all facets of their work. 3. Consider guidelines for practitioners sharing their lived experience in IPS practice and the ways in which IPS teams can create an environment that facilitates this. |
| **Abstract/description** |
| The value of lived experience of mental health challenges within mental health services has long been recognised and an increasing number of Peer Employment Specialist positions are being created in UK IPS services. However, it is not only those in designated ‘peer’ positions such who have personal experience of mental health challenges. Many Employment Specialists have experience of living and working with such challenges and the personal experience that may be valuable in IPS practice extends beyond lived experience of mental health challenges to personal experience of difficulties in relation to work, personal experience of life challenges that impact on work and more general life experience. In short, everyone working in IPS services brings not only their professional expertise but also a wealth of personal experience that, when used appropriately, can be valuable in helping people to gain and sustain employment. However, this wealth of experience has not always been fully utilised because the sharing of such personal experience has too often been perceived as violating professional boundaries and codes of conduct. The challenge for IPS services is to ensure that IPS practitioners use their personal experience appropriately to assist clients to gain and sustain employment and enhance the practice of the IPS team. This workshop will explore core principles for IPS practitioners appropriately using personal experience to enhance their work and describe the development of UK IPS Grow guidelines in this area. |
| **Facilitator biographies:** |
| Rachel Perkins BA, MPhil (Clinical Psychology) PhD, OBE has been involved in the development of employment programmes for people experiencing mental health and related challenges for over 40 years. She lives and works with mental health challenges and has written and spoken widely on the recovery and social inclusion of people living with mental health challenges. In 1999 she established the first IPS service in the UK and in 2009 she led an independent review for the UK Government entitled *“Realising ambitions: Better employment support for people with a mental health condition”.* She was awarded an OBE for services to mental health in 2010 and currently chairs the IPS London Network and the Disability Advisory Committee of the Equality and Human Rights Commission. She is also co-editor of the journal *Mental Health and Social Inclusion,* a non-executive director of Health Employment Partnerships and a member of the IPS Grow Expert Forum. |

**DAY 2 – Friday 17th September 2021**

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| **Workshop 1 – Day 2** |
| Fidelity in IPS: challenges and chances for program evaluation and quality improvement |
| **Learning objectives** |
| 1) Evaluation of the challenges and opportunities of IPS fidelity measurement and outcome monitoring of IPS programs  2) Exchange of differences in organization and implementation of fidelity reviews in each country  3) Evaluation of the application of IPS fidelity measurement and outcome monitoring for quality improvement of IPS programs |
| **Abstract/description** |
| In this workshop we will present the method of implementation of IPS fidelity measurement and outcome monitoring in the Netherlands and Norway. Based on those experiences we will lead a discussion and interaction about the experiences of fidelity and outcome monitoring of IPS programs in different countries. We will also discuss the barriers and challenges of IPS fidelity measurement in different countries. Furthermore, we will discuss the function and application of fidelity assessments and outcome monitoring for quality improvement of the IPS programs in each country. The workshop will be based on learning and sharing of experiences. |
| **Facilitator biographies:** |
| Lars de Winter, Msc. is a researcher and data coordinator at the Phrenos Center of Expertise for Severe Mental Illness in the Netherlands. His main topics concern outcome monitoring of IPS data, and psychosis. He just started a PhD on the assessment of the long-term course of psychosis.  Cris Bergmans, MSc. is the central coordinator of IPS in the Netherlands and also working at Phrenos Center of Expertise for Severe Mental Illness in the Netherlands. His main objective is the organization, training and acquisition of IPS throughout the Netherlands. He is also a trained fidelity reviewer and involved in the majority of fidelity assessments throughout the Netherlands. |

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| **Workshop 2 – Day 2** |
| How best maximisepeer support and coproduction of service development and resources |
| **Learning objectives** |
| 1) Learn about critical components of implementing IPS  2) Recognize how peer support and coproduction may facilitate IPS in your community  3) Describe opportunities for developing coproduction with stakeholders in your own context |
| **Abstract/description** |
| The effectiveness of IPS differ around the world and fewer services user reach employment in European settings. One reason may be ascribed to the translation of the IPS model into practice, and the characteristics or “soil” of the implementation context. In Sweden we have had the opportunity to study critical components for implementing IPS and how successful implementation are related to higher fidelity. As employment specialists, supervisors and researchers it is both critical and empowering for us to recognize what components may facilitate or impede the quality of the IPS practice we are in, and thus the possibilities for us to support services users in their strive for work. Maximising coproducing and anchoring the IPS practice with involved stakeholders are one way to forward practice. We will discuss and frame this in our workshop and how peer supporters may facilitate this process of change, towards a recovery oriented practice. |
| **Facilitator biographies:** |
| *Ulrika Bejerholm*, PhD, Prof in Mental Health Services Research at Lund University, leads research on the experience, effectiveness and implementation of IPS in a Swedish context, since 12 years. She educates employment specialists and supervisors at Lund University with a national intake, and work with national guidelines of IPS on behalf of the Swedish National Board of Health and Welfare.  *Suzanne Johanson*, PhD, is postdoctoral student of IPS who wrote her thesis on the effectiveness of IPS adapted to better support persons with affective disorders, and how it was implemented in the context according to the Consolidated Framework of Implementation Research (CFIR). She is currently studying the implementation process of IPS in five psychosis units in Stockholm and take a special interest in how less effective “train then place” models are disinvested.  *Ulrika Liljeholm,* MSc, is part time PhD student and part time development conductor in the IPS context in which she works. Her PhD concerns the identity development of young adults with mental health problems and how this transition to work and studies may be facilitated by means of IPS and Supported Education. |

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| **Workshop 3 – Day 2** |
| Managing IPS and Job Retention: Challenges and opportunities |
| **Learning objectives** |
| 1. To identify main gaps and challenges in job retention 2. To describe strategies to face main difficulties and assure job retention 3. To identify tips for supports, regarding disclosure, and other important issues for job retention. |
| **Abstract/description** |
| IPS is a well-known evidence-based practice for helping clients with severe mental illness to obtain competitive jobs. Once obtained, job retention is a key issue to assure successful in employment. Although IPS model aims at every job is a successful experience and helps clients to become a steady worker, job retention becomes the main objective for IPS teams as a second step in the worker pathway.  Individualized job supports are key, especially in the first month of work, to guarantee job tenure. Disclosure is also an important issue to manage job retention. Are employment specialists offering the kind of job supports that meet clients’ needs? What about employer’s perspective? Could we lose partnership with employers in a competitive job market?  This workshop aims at identifying main challenges of managing job retention and may try to propose strategies to approach job tenure regarding different scenarios (disclosure, partnership with employers, etc.) |
| **Facilitator biographies:** |
| Débora Koatz is a psychologist and IPS consultant and trainer in Spain, as well as conducts fidelity reviews. She is also project coordinator at Avedis Donabedian Research Institute and trainer of the Spanish online course of the IPS Employment Center. |

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| **Workshop 4 – Day 2** |
| IPS and substance misuse |
| **Learning objectives** |
| 1) Share the evidence base for the application of IPS for people with substance misuse histories  2) Share UK efforts to trial and test IPS for substance misuse  3) Discuss what adaptations may be required to the model |
| **Abstract/description** |
| IPS has traditionally been applied in mental health settings. However, there is a growing interest in testing its application in other settings and to other cohorts. One such group is people with substance misuse histories. This group suffers from low employment rates. Yet people with drug and alcohol addictions place getting a job second only to getting clean among their personal goals. This session will explore the existing evidence for applying IPS to this cohort as well as the current trials and programmes under way in the UK. It will also facilitate a discussion on what adaptations might be required to make the model work most effectively in drug and alcohol treatment settings. |
| **Facilitator biographies:** |
| *Adam Swersky* is the Director for Health and Employment at Social Finance. In this role, he created the world’s first social investment-backed programme supporting IPS services (the Mental Health and Employment Partnership) and launched the IPS Grow national support programme for IPS services. Adam was previously a strategy consultant for The Boston Consulting Group where, among other projects, he co-authored a tourism strategy for Iceland.  *Lynne Miller* Lynne trained as an Occupational Rehabilitation Counsellor in Australia and gained several years in case practice experience with the Commonwealth Rehabilitation Service before moving into Leadership roles.  Lynne has experience of leading and developing a range of evidenced based employment services in the public, private and third sector in the UK and Australia. This includes 20 years of experience in senior management roles. Before joining IPS Grow Lynne spent 14 years developing IPS services from scratch across 5 London boroughs at Central and NW London NHS Foundation Trust. This included the development of an internal Employment Service to help people access jobs within the Trust, and IPS services in drug and alcohol and primary care services.  Lynne has developed and delivered a range of IPS training, open days for international visitors, workshops, and has experience of carrying out IPS Fidelity Reviews for a range of services.  Lynne’s vision as the National Lead for IPS Grow is that we bring services together across the IPS industry to share learning and practice, build consistency across services, whilst also supporting innovation and continuous improvement. Ensuring that we support services in getting the right results for people accessing IPS. |

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| **Workshop 5 – Day 2** |
| Diagnosis: It’s Only the Tip of the Iceberg |
| **Learning objectives** |
| 1) Identify what disclosure is and why it is important.  2) Describe the specifics of the disclosure conversation.  3) Apply the disclosure conversation to case studies. |
| **Abstract/description** |
| Most of an iceberg is below the surface of the water; only the tip is visible. Like icebergs, our physical appearance is only visible to the human eye. When we disclose personal information, others are able to see below the surface. Individuals with a mental illness may choose not to disclose to their diagnosis for fear of stigma and discrimination. As IPS specialists, we help individuals to explore the potential advantages and disadvantages to disclosing personal information to potential employers. If the individual chooses to disclose, we also help them identify specific information to disclose and request job supports to maintain successful employment. This information goes beyond diagnosis because not everyone experiences the symptoms associated with a diagnosis in the same way. In this session, we will discuss how to help people discover their own reasons for either showing people the tip of their iceberg or allowing individuals to see below the surface. |
| **Facilitator biographies:** |
| Penny Liles, MS, CRC, LCMHC is anIPS Consultant and Trainer with the Institute for Best Practices at UNC-Chapel Hill. She provides trainings around the IPS model to ACT and IPS teams in North Carolina, as well as conducts fidelity reviews. She has more than nine years of experience in community mental health as an Employment Specialist on ACT, an IPS Team Leader, and an IPS Trainer. She also has experience working with Vocational Rehabilitation. Penny believes that employment should be an option for all people and hopes to promote employment as a vital part of recovery. |