



Inaugural European IPS Meeting 22nd April 2021 by ZOOM

Denmark

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Introduction and implementation of IPS in Denmark

- The Danish Agency for Labour Market and Recruitment (STAR) decided to fund a large scale randomized clinical trial

2011

IPS first introduced in DK

2012

Beginning of the RCT

- The IPS manual was translated to Danish
- Employment specialist were recruited and trained by American ES

- In 2019 the results of the trial were published
- Increasing interest of IPS in Denmark..
- No national strategy of implementing IPS

2019

End of the RCT

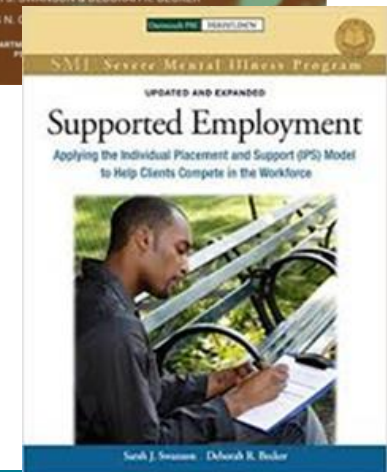
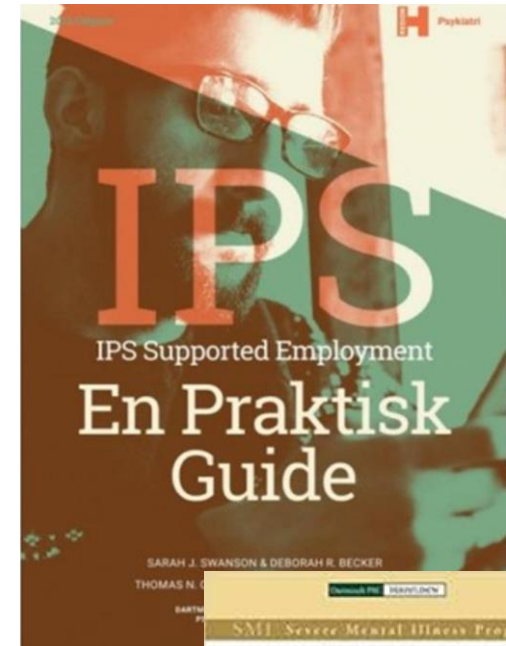
2021

From research to practice

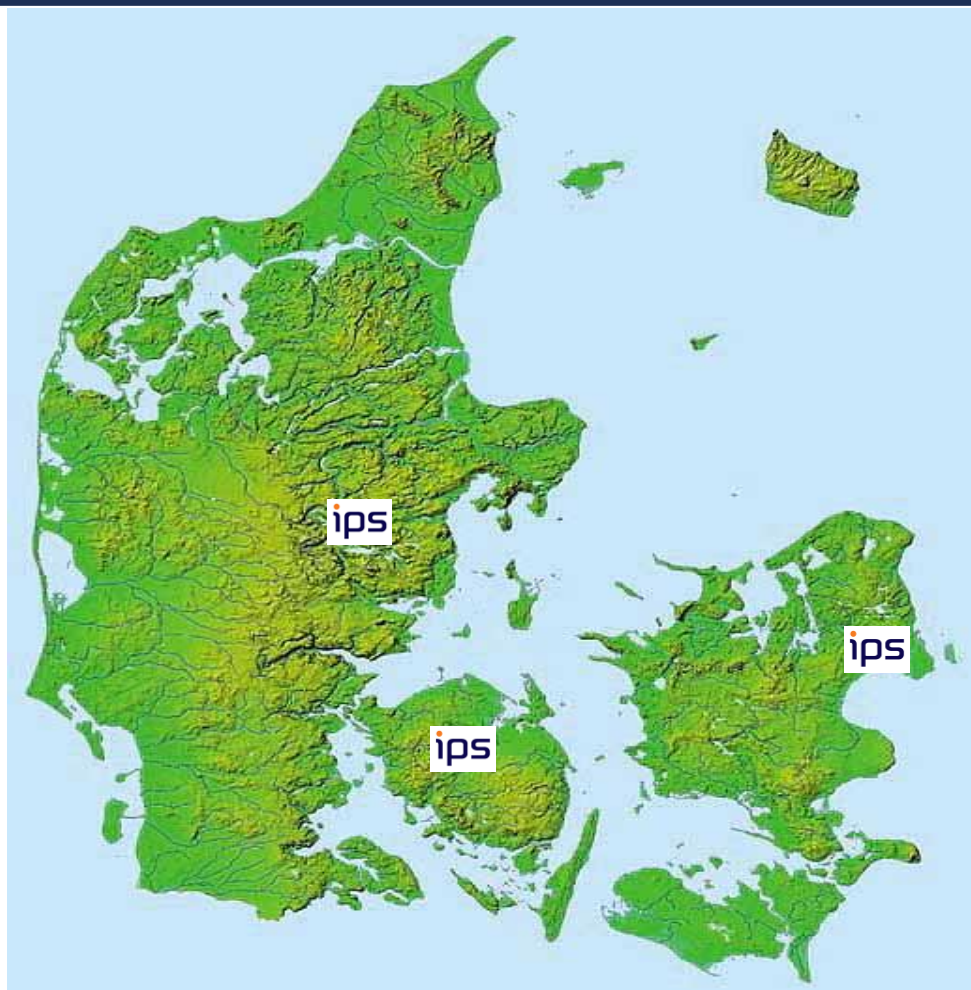
- CORE received additional funding for Implementing IPS
- Health economic results were published
- Minister of employment announce that Job centres should start implement IPS

Adaptions of the manual to match the organization in the national jobcentres and the labour legislation

- IPS was implemented as a cross-sectional intervention
- We expanded the chapter on supported education, and prioritized support for both employment and education in the RCT



The Danish randomized IPS trial



Collaboration between:

Mental Health Centre Copenhagen

The Psychiatry in Central Region of Denmark

The Psychiatry in Southern Region of Denmark

Municipal Job-centres in Copenhagen,
Frederiksberg, Odense and Silkeborg

Inclusion:

- Schizophrenia, schizotypal or delusional disorders (F20–F29, ICD 10); or bipolar disorder (F31, ICD 10); or recurrent depression (F33, ICD 10)
- Associated with one of the participating community mental health center and Job-centers
- Able to speak and understand Danish
- Express a clear desire for competitive employment or education
- 18-67 years

JAMA Psychiatry | [Original Investigation](#)

Effects of Individual Placement and Support Supplemented With Cognitive Remediation and Work-Focused Social Skills Training for People With Severe Mental Illness A Randomized Clinical Trial

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 Supplemental content

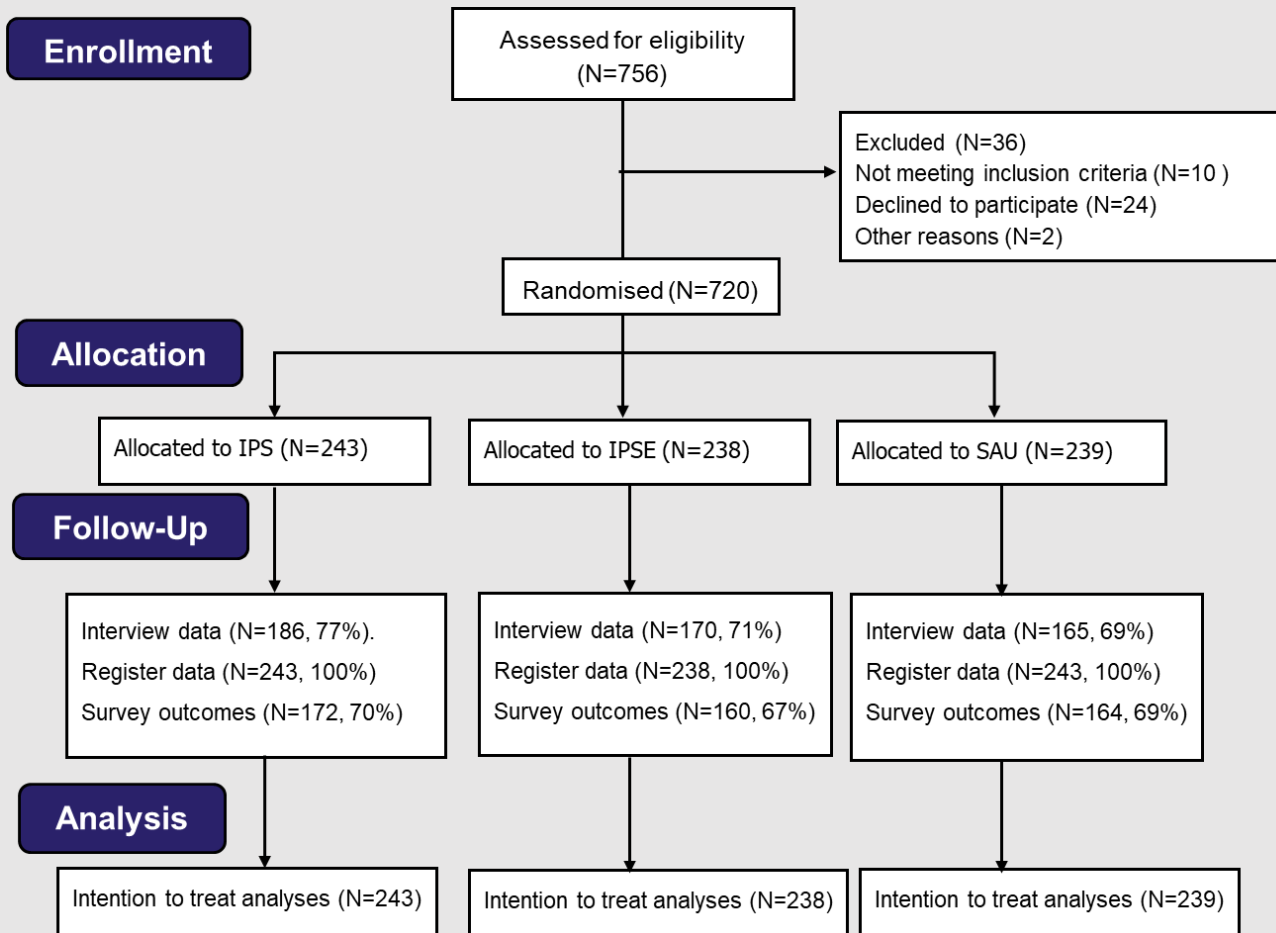
IMPORTANCE Individual placement and support (IPS) seems to be an effective vocational intervention for people with severe mental illness, but its effects have not yet been shown in the Danish welfare model. Also, effects may be enhanced by adding cognitive remediation and work-focused social skills training (IPS with enhancements [IPSE]).

OBJECTIVES To investigate the effects of IPS vs IPSE vs service as usual (SAU) on a population of individuals with severe mental illness in Denmark.

DESIGN, SETTING, AND PARTICIPANTS This was an investigator-initiated, 3-group, parallel, assessor-blinded randomized clinical trial that used early-intervention teams or community mental health services in 3 Danish cities to recruit participants with severe mental illness. Participants were randomly assigned to receive IPS, IPSE, or SAU from November 2012 to February 2016, and follow-up continued until August 2017.

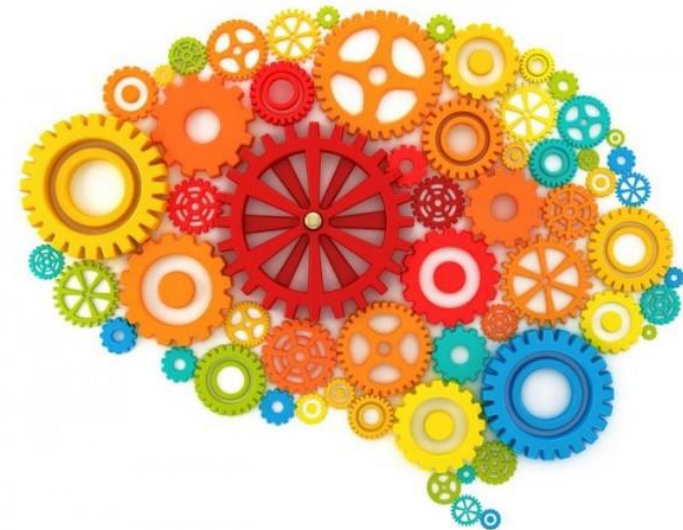
INTERVENTIONS Participants allocated to the IPS intervention received vocational support per the principles of the IPS model. Participants in the IPSE arm received cognitive remediation and social skills training in addition to IPS. The group receiving SAU received vocational rehabilitation at the Danish job centers.

Flow-chart of the trial



IPS + cognitive remediation and work-related social skills training

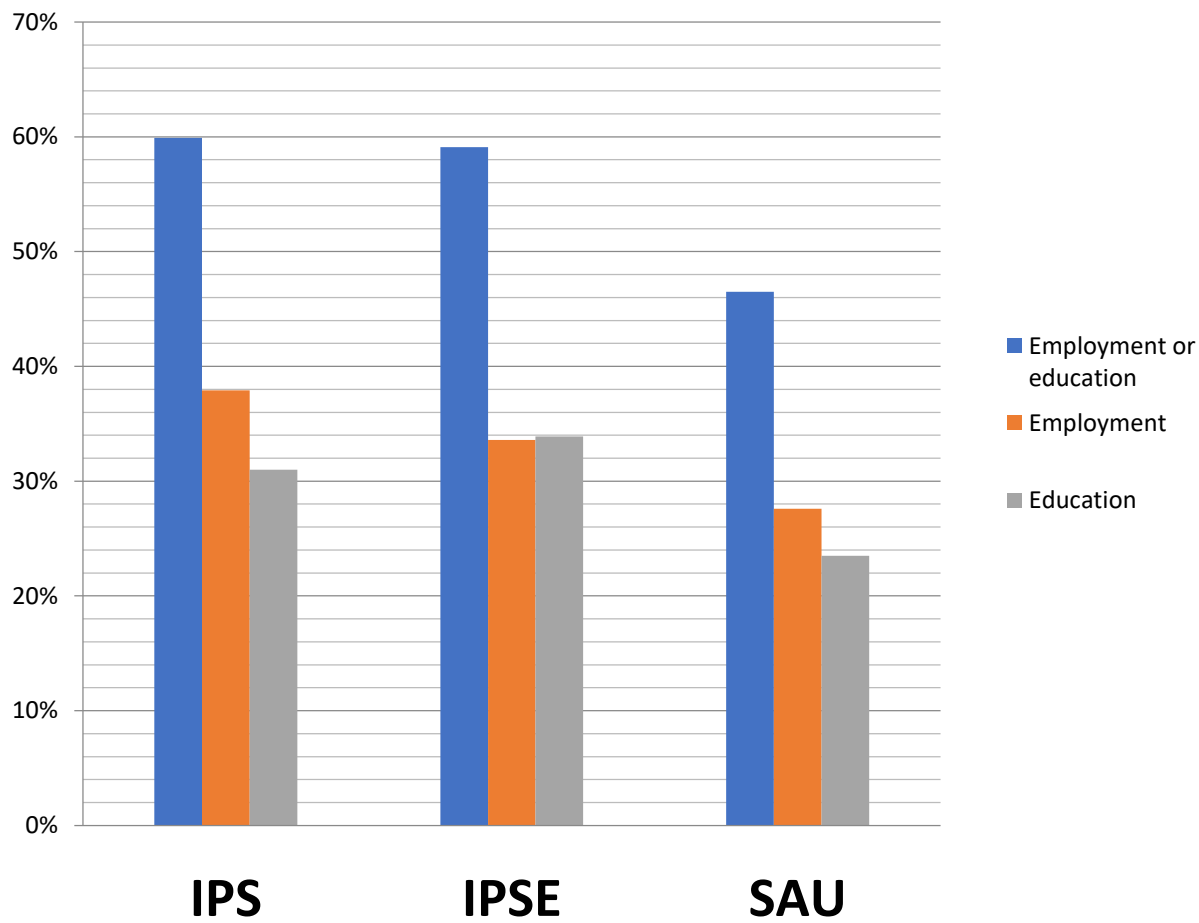
- Based on “Thinking skills for work” (McGurk et al. 2015)
- Fully integrated with IPS (used in job search planning Job support consultation)
- 24 group-based sessions with computer-based cognitive training (Circuits)
- 6 sessions focusing on work-related social skills training
- Psychologists carry out the sessions with employment specialists as co-therapists



Baseline characteristics of 720 participants

	IPS (N=243)	IPSE (N=238)	SAU (N=239)
Female	94 (38.7)	87 (36.6)	95 (39.8)
Age, mean (SD)	33.3 (10.3)	33.0 (9.5)	32.8 (9.9)
No Previous work history N (%)	125 (51.4)	117 (49.2)	123 (51.5)
Primary/Lower secondary education	98 (40.3)	92 (38.7)	89 (37.2)
F20-F29), N (%)	184 (75.7)	181 (76.1)	186 (77.8)
PSP Score, mean (SD)	47.3 (10.8)	47.2 (10.8)	47.0 (10.0)
BACS Global, mean (SD)	-2.6 (1.61)	-2.8 (1.9)	-2.7 (1.8)

Proportion in employment and education in the 18 months follow-up



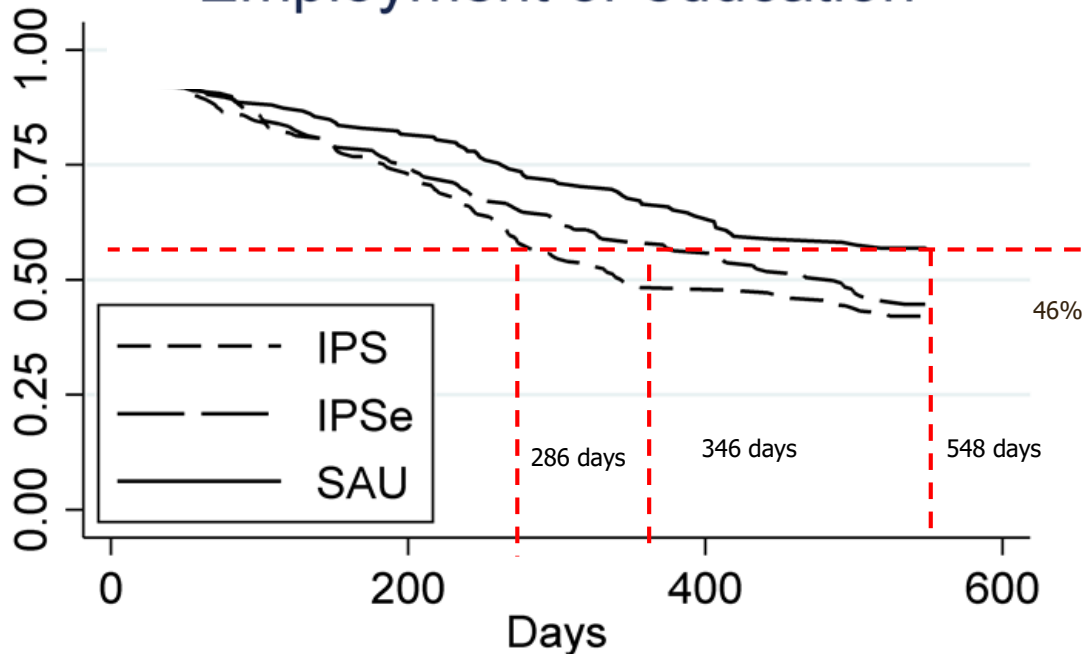
IPS vs SAU

OR (95% CI)	p-værdi
1.79 (1.14-2.81)	0.014

IPSe vs SAU

OR (95% CI)	p-værdi
1.76 (1.11-2.81)	0.036

Employment or education



IPS vs SAU

HR	95%CI	p-value
1.57	(1.14,2.18)	0.006

IPSe vs SAU

HR	95%CI	p-value
1.54	(1.10,2.16)	0.013

Client satisfaction with the intervention

IPS employment specialist was described as:

- a supporting and committed person
- a person that treated them respectfully

	IPS	IPSe	SAU	IPS vs SAU		IPSe vs SAU	
	Mean	Mean	Mean	SRD (95% CI)	p-værdi	SRD (95% CI)	p-værdi
Tilfredshed med Indsatsen målt med client satisfaction scale	24.3	24.6	20.9	0.310 (0.167-0.445)	0.000	0.341 (0.187-0.478)	0.000

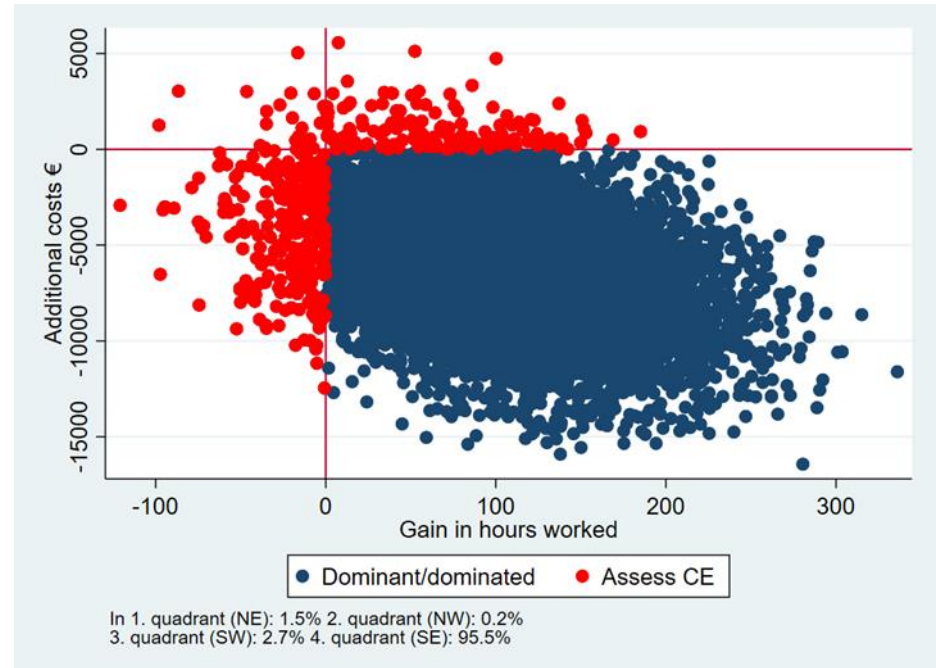
Costs during the 18 months after randomization, EURO

Costs	IPS costs	SAU costs	Probability of equality of means IPS vs. SAU	IPSE costs	Probability of equality of means IPSE vs SAU
Somatic hospital	1,447	1,573	0.7293	1,260	0.3209
Prescription pharmaceuticals	1,438	1,377	0.7877	943	0.0237
Primary health care	286	286	0.9972	271	0.6120
Mental health hospital care	14,549	18,279	0.0961	13,743	0.0426
Labour market interventions	403	3,395	<0.0001	415	<0.0001
Municipal social interventions	1,759	3,636	N/A	3,121	N/A
intervention costs	914	0	N/A	2,543	N/A
Productivity gain (subtracted from total costs)	-7,214	-5,422	0.2052	-6,458	0.4351
Total costs	13,582	23,125	0.0010	15,837	0.0106

Cost-effectiveness of Individual Placement Support. hours vs. costs

Total costs in the health sector, municipalities (social and employment administrations), including expenditure on IPS and deducted from productivity gains

IPS= 13.582 € vs SAU=23.124 €

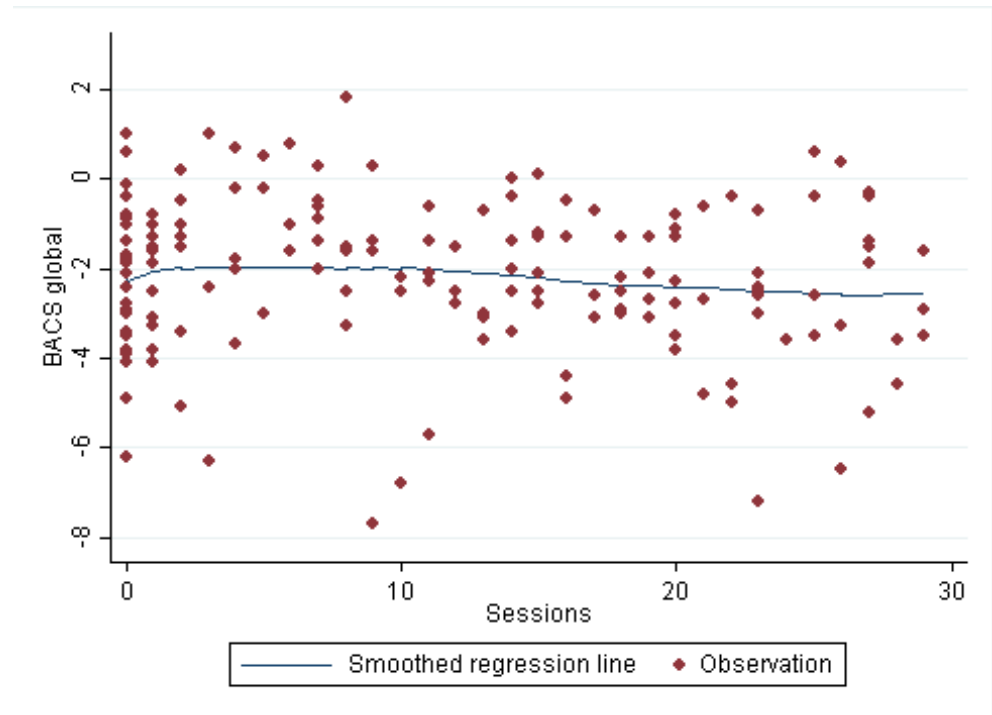


No effects on functioning, symptoms, self-efficacy and self-esteem

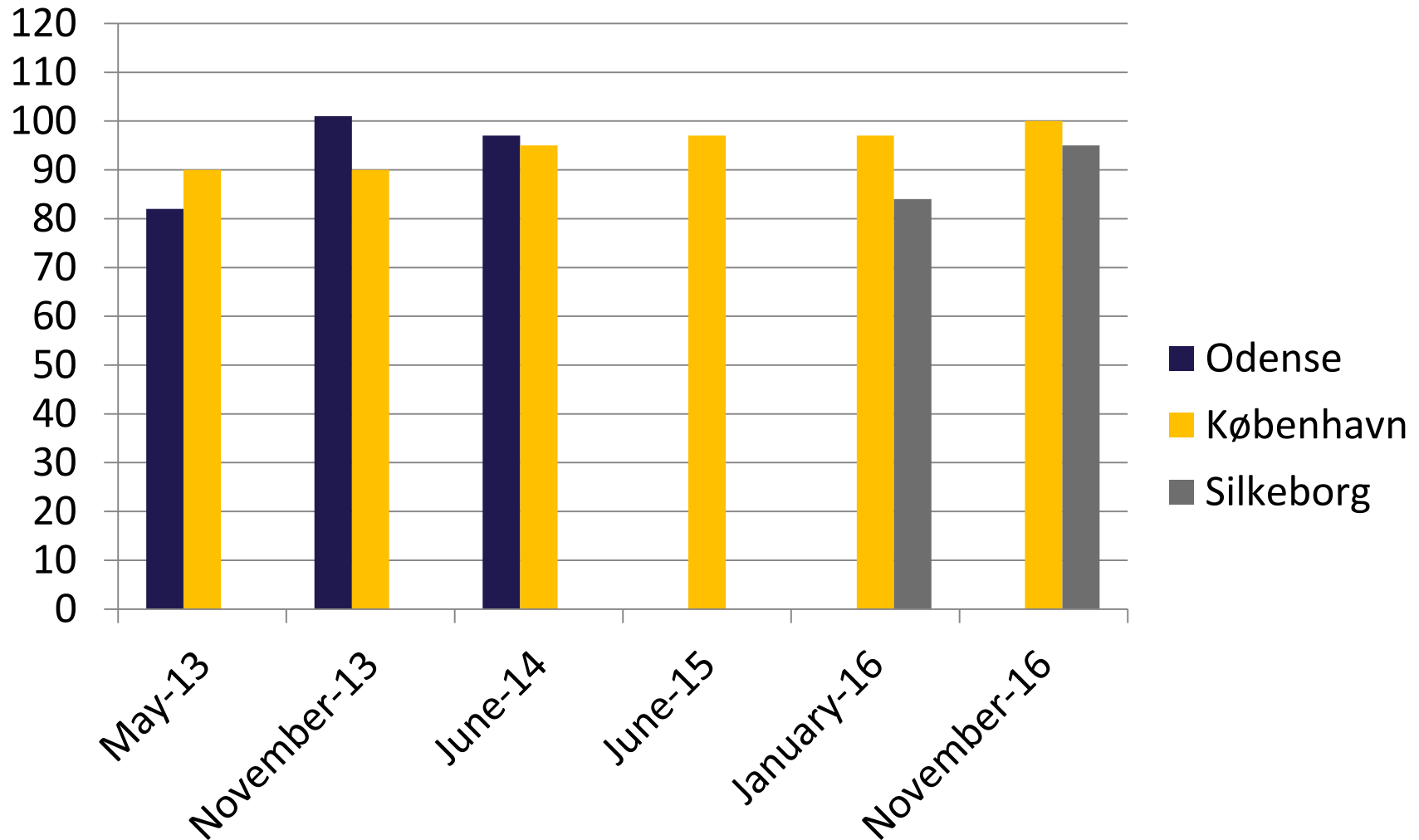
	IPS	IPSe	SAU
Functioning (PSP), mean (SD)	49.8 (14.2)	52.1 (14.5)	49.9 (12.9)
Self-efficacy, mean (SD)	12.9 (2.9)	12.8 (2.3)	12.6 (2.6)
Self-esteem, mean (SD)	15.8 (1.7)	15.6 (2.0)	15.7 (1.8)
Negative symptoms (SANS), mean (SD)	1.6 (0.9)	1.5 (0.9)	1.5 (0.8)
Psychotic symptoms (SAPS), Mean (SD)	1.1 (1.3)	0.9 (1.2)	1.0 (1.3)

Cognitive functioning measured with BACS

BACS	IPS	IPSe	SAU
Mean	-2.2	-2.2	-2.1
(SD)	(1.8)	(1.7)	(1.9)



Fidelity results IPS-25



Implications



- Based on the results from the RCT, and the consistent IPS literature, we concluded that IPS is an effective employment service for people with severe mental illness in a Danish context.
- We also recommended The Danish Agency for Labour Market and Recruitment (STAR), to implement IPS in all municipalities and regions in Denmark.

IPS – from research to practice



- After the RCT there were no national strategy for implementing evidence based IPS
- A few municipalities decided on their own to implement IPS
- New funding received in 2020 for further implementation in 10 sites

IPS-from research to practice

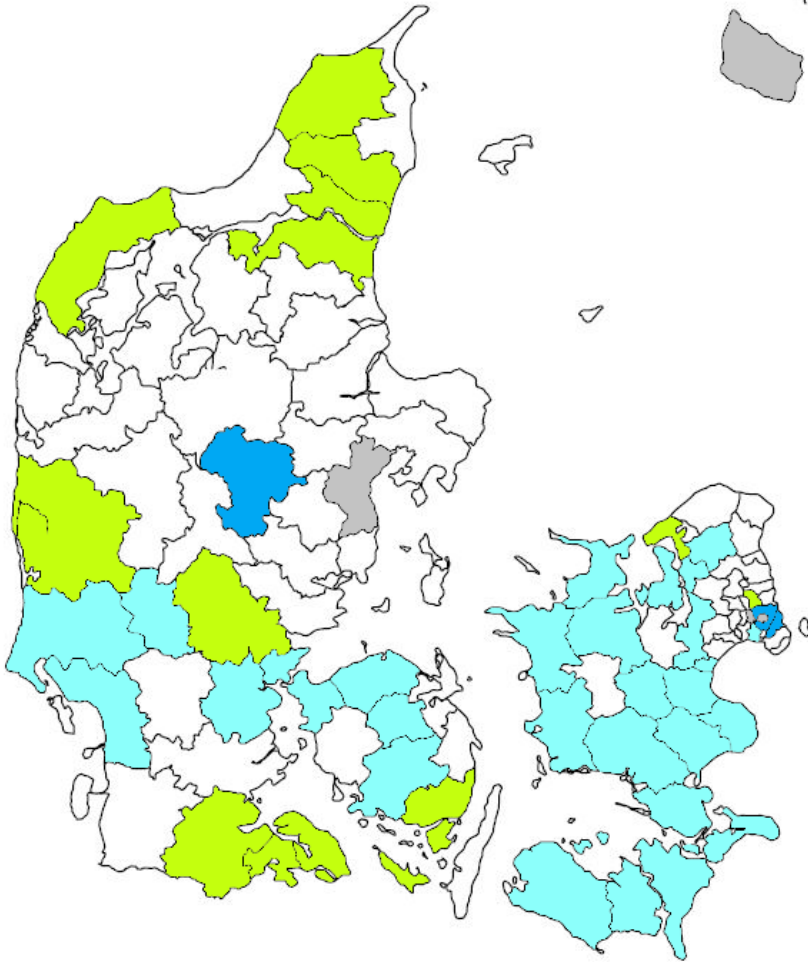
- Primary aim of the project is to establish a Danish IPS Learning Community and facilitate a national implementation of the IPS in 10 sites
- Facilitation of the start-up process, including meetings between Job-centres and the psychiatry
- Training of IPS Employment specialists, psychiatry case managers and management
- Provide ongoing supervision

IPS-from research to practice



- Fidelity reviews. Two reviews per site
- Investigate whether the vocational effects and satisfaction with treatment persists, and whether local adaptations have an impact on the effects
- Feedback on performance annually
- Investigate whether fidelity results predict employment in Denmark

Municipalities with current or planned IPS



- Sites who were part of the RCT
- Sites CORE have supervised supported in the implementation of IPS
- Sites implementing IPS through a private company named IPS center Denmark.

Thanks for your attention



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