MANAGING IPS AND JOB RETENTION: CHALLENGES AND OPPORTUNITIES

REYKJAVIK SEPTEMBER 2021

Débora Koatz Avedis Donabedian Research Institute



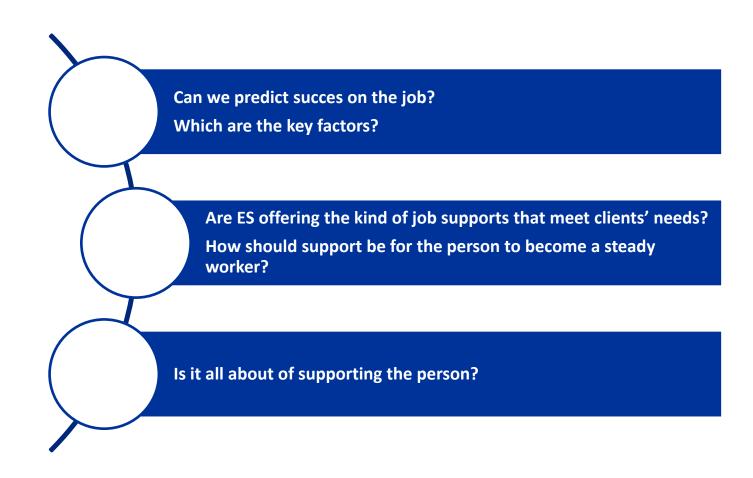


▶ JOB RETENTION

XXXXXX
XXXXXX
DONABEDIAN
XXXXXX
XXXXX
INSTITUTO UNIVERSITARIO-UAB

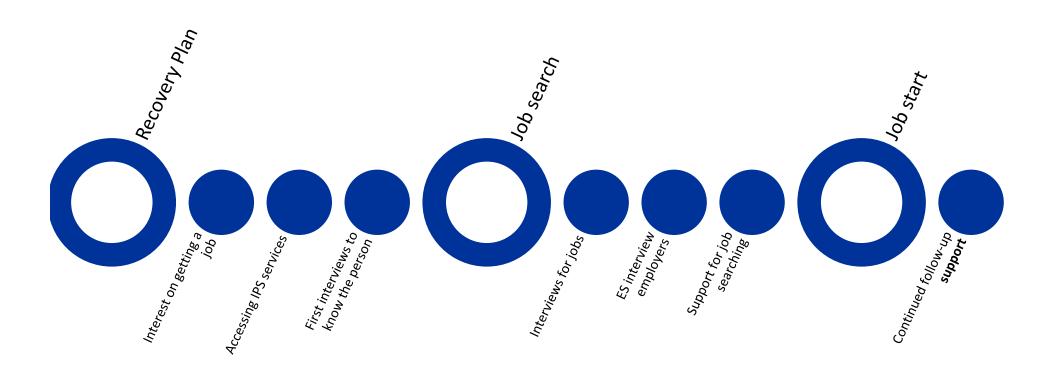
Challenges: The person got the job!!

And now, what?



▶ IPS MODEL User's journey to work





▶ WHAT WE KNOW ABOUT JOB RETENTION

IPS Clients Maintained Steady Employment Over the Long Term in 3 Studies

- Overall Findings for 28 RCTs: Job retention: IPS 25 weeks Vs. Control (10 weeks)
- Long-term studies show that half of all clients enrolled in IPS become steady workers, maintaining employment for 10 years or longer.
- Job tenure for IPS was triple that for usual services (Hoffman study).

| Study | Follow-up Period | Sample Size | IPS | Usual Services |
|----------------|---------------------|----------------|-----|-------------------|
| Salyers (2004) | 10 years | 36 | 33% | |
| Becker (2007) | 8-12 years | 38 | 71% | |
| Hoffman (2014) | 5 years | 46/54 | 44% | 11% |
| Overall Rate | | 120/54 | 49% | 11% |

| Program | Sample | % working at least half follow-up period |
|----------|--------|--|
| IPS | 120 | 49% |
| Usual VR | 54 | 11% |

Steady worker = Worked at least 50% of follow-up period

Bond, G. R., & Kukla, M. (2011). Is job tenure brief in Individual Placement and Support (IPS) employment programs? Psychiatric Services, 62, 950-953.

Hoffmann, H., Jäckel, D., Glauser, S., Mueser, K. T., & Kupper, Z. (2014). Long-term effectiveness of supported employment: five-year follow-up of a randomized controlled trial. American Journal of Psychiatry, 171, 1183-1190.

Salyers, M. P., Becker, D. R., Drake, R. E., Torrey, W. C., & Wyzik, P. F. (2004). Ten-year follow-up of clients in a supported employment program. Psychiatric Services, 55, 302-308. doi:10.1176/appi.ps.55.3.302

Becker, D. R., Whitley, R., Bailey, E. L., & Drake, R. E. (2007). Long-term employment outcomes of supported employment for people with severe mental illness. Psychiatric Services, 58, 922-928. doi:10.1176/ps.2007.58.7.922

WHAT WE KNOW

Key evidences to approaching job retention

- Motivation is one of the main predictors of success in the placement process (R. E. Drake & Bond, 2008; Grove & Membrey, 2005; Sainsbury Centre for Mental Health, 2009).
- Also, prior work experience (W. A. Anthony & Jansen, 1984; McGurk, Mueser, Harvey, La Puglia & Marder, 2003).
- In people without previous work experience, the IPS method significantly increases the chances of getting regular employment. (Leff et al. 2005).
- There is no reason to exclude people who want to find a job on the basis of their diagnosis, symptoms, hospital record, work experience or social functioning since successfully finding and holding down a job is not exclusively related to any of these factors when employment supports are provided (Grove & Membrey, 2005),
- When the employment specialist goes with the person to **a job interview**, the person was almost 4 times more likely to receive a job offer than those who go alone (Gervey & Kowal, 2005).
- **Job development** increases the chances of obtaining competitive employment for people with severe mental disorders (Leff et al., 2005).

SEARCH AND JOB RETENTION

Key Barriers and Facilitators

Barriers

- Amount of time out of a job or lack of experience
- Stigma and discrimination, as a social barriers hindering access to the job market
- Low level of expectations on behalf of mental health professionals, regarding the ability of people with mental health conditions to work, leading to a low level of expectations in the individual his/herself as regards his/her own possibilities and capabilities
- Lack of adequate attention for people's individual needs
- Lack of integration with the mental health network
- Receiving welfare benefits that are incompatible with employment. Some disability systems might reinforce persistent disability rather than recovery, which may discourage people with mental health conditions to return to work. (Metcalfe et al, 2018)

Facilitators

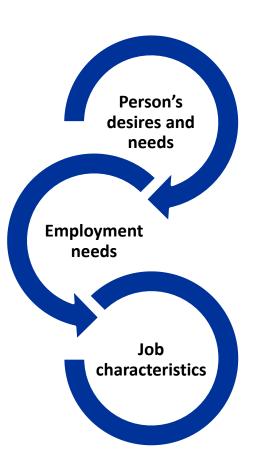
- Motivation to work
- Prior work experience
- Positive self-concept related to the worker role and "Self-belief"
- Disclosure
- Accomodations on the job
- Successful working experiences reinforce aspects such as motivation, self-esteem and individual efficiency, improving the individual's global functioning in different areas
- Work environment support and friendly culture
- Supports

▶ SUPPORTING JOB

Starting point

Good Job Match based on the user's preferences

- Enjoys and personal goals
- Experience
- Ability
- Strengths
- Symptomatology
- Working hours
- Timetable or shift
- Environment
- Type of tasks
- Responsibilities on the position
- Need of speed / pressure / deadlines...
- Promotion or career possibilities



A **satisfactory fit between** user job preferences and obtained work may make employment both more **meaningful and more enjoyable, increasing motivation to remain on the job** and to deal with any conflicts and obstacles that may arise. (Mueser et all, 2001)

SUPPORT

First days

- Suporting people on the first month is key to job tenure. It means adapting to the new role of worker, new context and responsibilities, etc.
- Time-unlimited follow-along supports:
 - Employment specialist has face-to-face contact within 1 week before starting a job,
 - within 3 days after starting a job,
 - weekly for the first month,
 - and at least monthly for a year or more, on average, after working steadily and desired by clients...
- Support will try to anticipate situations, prevent or reduce risks of absenteeism, relapses, and at last prevent from job loss.

▶ SUPPORT

To become a regular worker

Once the work situation is not novelty anymore, and a certain degree of adaptation has been attained, retaining the job and the stability and satisfaction in the position depend on the individual's ability to control the demands of work, and manage worries about successful performance and fear of the negative consequences of potential failure.

Some "stressful situations" to manage:

- The need to make work compatible with family and personal life.
- The emergence of conflicts in relationships in the work context.
- Inflexible environments.
- Tasks that present new difficulties or difficulties that have not yet been solved.
- Insufficient or inadequate forms of supports.
- Difficulty in relationships with superiors or with observing rules.
- Effects of medication or symptoms on performing the activity
- ...

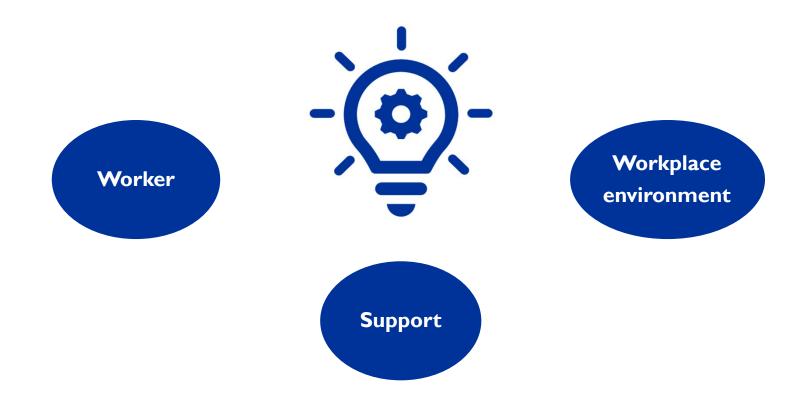
SUPPORT

To become a regular worker

- People can develop certain skills to overcome stressful situations and their impact on their work performance.
- Employment specialists use countless strategies to help people to cope with their limitations as part of the support proposed by the employment service.
- The intensity of support depends on the degree of difficulty that an individual experiences
- Individualized follow-along supports -Type of support:
 - Based on suport preferences, work history, needs...
 - Provided by a variety of people (MH team members, family, friends, employer...)
 - In company / outside
 - Natural supports
 - Maximizing user's strength
 - Anticipating potential problems (lessons learned from other experiences)
 - With flexibility and creativity
 - Disclosure or not

▶ KEY FACTORS

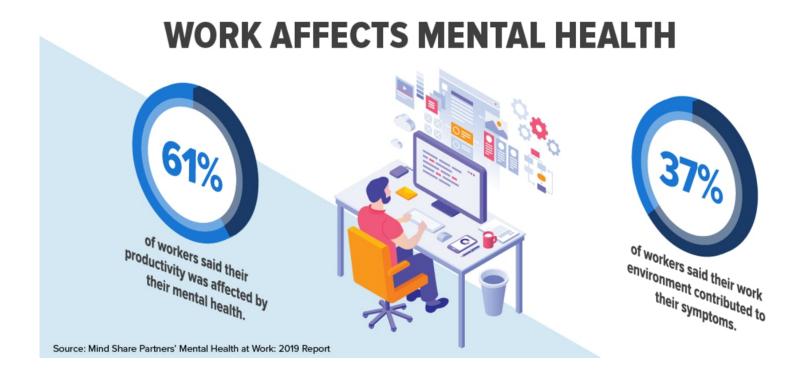
Approaching job retention



▶ WHAT WE KNOW

Mental health in workplace environments

- Mental health problems, including depression, anxiety and schizophrenia, are the main cause of disability and early retirement in many countries and a major burden to economies (cost in terms of absenteeism, loss of productivity and healthcare)
- Certain situacions can cause work stress and, as a consequence, can have as significant impact as work accidents or occupational illnesses, and may increase health complaints, and give rise to symptoms that in the medium to long term can cause some kind of mental health condition (of varying intensity) in individuals who up until that moment had not shown any symptoms.





Health and Work Spotlight on Mental Health





people of working age have a diagnosable mental health condition

In 2015, some 48% of **Employment and Support** Allowance recipients

had a 'Mental or Behavioural disorder' as their primary condition

Each year mental ill-health costs the economy an estimated

11111

£70bn

through lost productivity, social benefits and health care.

Mental health conditions are a leading cause of sickness absence in the UK



were lost to stress, depression and anxiety' in 2014 -

an increase of 24% since 2009



long-term sickness absence in England attributed to mental ill health



Of people with physical long term conditions,

1in3

also have mental illness, most often depression or anxiety

Work can be a cause of stress and common mental health problems: in 2014/15 9.9m days were lost to work-related stress, depression or anxiety



employment rate

for those who report mental illness as their main health problem (Mental illness, phobia, panics, nervous disorders (including depression, bad nerves or anxiety. Compared to 74% of all population



Mental Health Association in New York State, Inc. [MHANYS] is offering mental health awareness training for schools, community groups, organizations, clubs and businesses. Our goal is to increase basic knowledge of mental health to help reduce stigma, promote wellness and support recovery in workplaces across New York State.

Depression and anxiety is the leading cause of lost productivity, costing the global economy an estimated \$1 Trillion Annually

Depression is estimated to cause

200 Million lost workdays each year

individuals live with mental illness

Mental illness does not discriminate against whom it affects; every

working-age individuals experiences a mental illness

> Mental health disorders are the single most expensive category of health cost for many employers, across all industries and sizes

More workers are absent from work due to stress and anxiety than physical illness or injury

or more information or to schedule a training, please visit

mhanys.org/products or call 518-434-0439



Education and early intervention promotes workplace wellness

Mental Illness in the Workplace



MHA's Work Health survey findings show that that pandemic has amplified precisiting issues for employees, including, increased disk for workplace stress and burnout, degradation of employee mental health and well-being, and inadequate access to affordable healthcare.

WORKPLACE STRESS

9 IN 10 EMPLOYEES REPORT THAT THEIR WORKPLACE STRESS AFFECTS THEIR MENTAL HEALTH. EMPLOYEES ARE NOT RECEIVING ADEQUATE EMPLOYEES ARE NOT RECEIVING ADEQUATE STRESS.

EMPLOYEE BURNOUT

4 IN 5 EMPLOYEES FEEL EMOTIONALLY DRAINED FROM THEIR WORK, AN EARLY SIGN OF BURNOUT. 56% OF EMPLOYEES SPEND TIME LOCKING FOR A NEW POSITION, 40% OF EMPLOYEES IN 2018.

OF EMPLOYEES STRONGLY AGREED THAT THEIR DEPROVINGES AS FAFE ENVIRONMENT FOR EMPLOYEES WHO LIVE WITH MENTAL ILLNESS. EMPLOYEES WHO LIVE WITH MENTAL ILLNESS.

WORK ENVIRONMENT 65% OF EMPLOYEES FIND IT DIFFICULT TO CONCENTRATE BECAUSE OF THEIR WORK ENVIRONMENT,

46% OF EMPLOYEES IN 2018.

OVER 60% OF EMPLOYEES ARE NOT PAID ENOUGH TO SAVE FOR AN EMERGENCY.

To learn more about the current national state of workplace mental health, download the full Mind the prohiptore 2021 Report at minanalismal-org/2021 mind the recipiace.







MENTAL HEALTH accounts for more than

of employees of LONG-TERM DISABILITY CLAIM

Globally, mental health disorders cost \$2.5 trillion annually—

that's roughly equivalent to the combined cost of cardiovascular diseases and diabetes doubled.





of missed work days attributed to mental health



say mental health conditions cause a lack of focus



say mental health conditions lower productivity

▶ WHAT WE KNOW

Mental health in workplace environments

- 68% of people with a mental health condition already working have less responsibility, work fewer hours and are paid less than before being diagnosed with a mental illness
- They face difficulties re-entering the job market after a sick leave, and achieving career promotions. In fact, 55% of people with mental health problems make unsuccessful attempts to return to work.
- They have limited support: among 2-4% of people who need employment support have access to effective employment services.
- The Mental Health Atlas of European Region reported that only 7% of the functioning promotion and prevention programs were related to workplace mental health promotion.

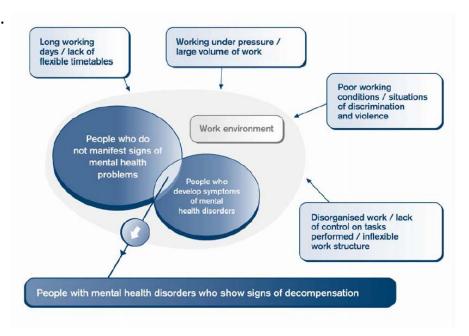
Gabriel, 2000, Gray, 2000; Knifton et al., 2011

▶ WORKPLACE ENVIRONMENTS



Factors that affect mental health in work environments

- Long working days and/or limited timetable flexibility.
- Work under pressure or high volume of work.
- Poor working conditions.
- Situations of discrimination and violence (i.e, sexual or gender-based harassment, mobbing, etc.).
- Disorganisation of the work process.
- Little control over the tasks performed.
- Inflexibility in the structure of work.
- Alterations in communication in the work environment.
- Lack of interpersonal support.
- Underestimating capabilities and the position performed.
- Unsatisfied with the work content

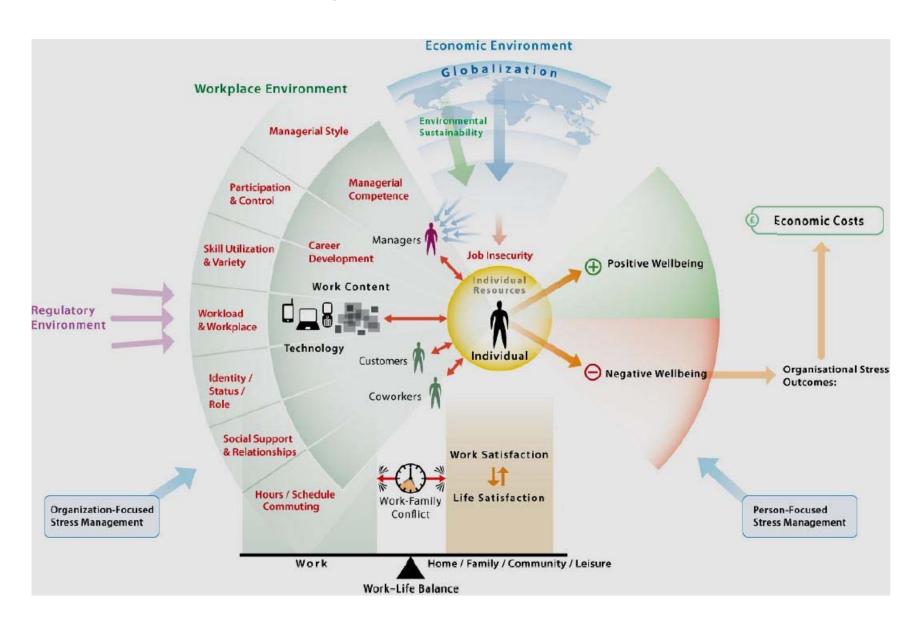


Artazcoz et al., 2005; Gray, 2000; Knifton et al., 2009a; Seymour, 2010

Gray, 2000; Hansen et al., 2007, Hilarión & Koatz, 2012; Browers, et al.2020

▶ WORKPLACE ENVIRONMENTS

Mental health and wellbeing



WORKING ENVIRONMENTS

Interventions at diferent levels

Prevention and promotion of health and positive environments:

- Addressing stigma in the workplace: Anti-stigma interventions at the workplace can lead to improved employee knowledge and supportive behaviour towards people with mental-health problems.
- Boosting protective factors and seek for measures to prevent or reduce risk factors' appearance (stressors).
- Supportive and inclusive working environment

User's timely response:

- Job retention services: Detecting early signs of relapse in time can allow quick and efficient measures to be taken to retain the job:
 - Enhance the individual's ability to handle the illness.
 - Reduce the incidence and impact of relapses.
 - Take on a more active role in treatment.
- Developing effective coping strategies suited to each situation.
- Applying accommodations
- Return to work strategies after a sick leave due to mental health problems (i.e. part-time sick leave interventions, absenteeism prevention, and accommodations at work, personalised approach to return-to-work support). The possibility of a return to work can be considered even if the symptoms have not completely remitted.

Hanisch, S.E., et al 2016; Høgelund J., at al. 2012; Andrén D. 2014; Lagerveld S.E., et al. (2012); Boston University, 2010; Perkins et al., 2009; Swanson & Becker, 2011; Seymour, 2010; Seymour & Grove, 2005; Gray, 2000; Knifton et al., 2009^a, O'Sullivan & Gilbert, 2003

▶ HOW IS IPS APPROACHING WORKING ENVIRONMENTS?

Discussion

- Due to covid pandemic, many workers have mental health problems and can lose their Jobs. Can IPS provide job retention services?
- Are your countries implementing IPS for workers who are already working to prevent them from loosing their jobs?
- How to approach disclosure in those cases?
- Who are the key partners? Employers? Social Security System? Mental Health Agencies? Others?
- How can IPS engage employers to improve their work environment for all workers? Do we have to do that?

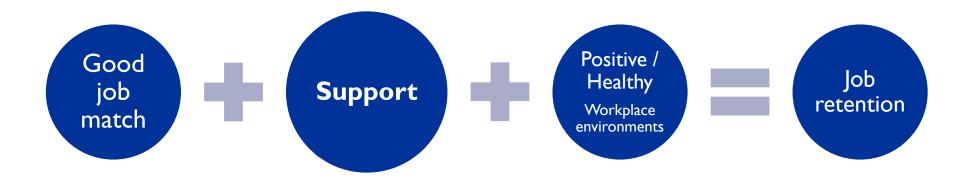
▶ JOB RETENTION Summary

Main reflections on job retention opportunities

https://www.menti.com

Number: 2968 0301

Add country at the end of the comment

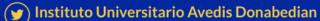


"Employment is a critical mental health intervention."

Drake and Wallach (2020)

THANK YOU!





@Inst_Donabedian



BARCELONA

C/ Provença, 293, pral. 08037 Barcelona Tel: +34 932 076 608

MADRID

Paseo de la Castellana, 141 (Edificio Cuzco IV) 28046 Madrid

Tel: +34 917 498 046

BOGOTÁ (COLOMBIA)

Carrera 7A 123-24, Of.503

Bogotá - Colombia Tel: +57 I 744.99.76

FAX: +57 | 755.00.31

fad@fadq.org www.fadq.org