



IPS Europe Learning Community Virtual Meeting, Nov 2021

IPS in Norway

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Overview of IPS in Norway

Scale of IPS provision

Figures from
30.11.2021

- About 100 IPS programs
- 3 000 IPS clients – potential min. 6 000 clients

Health and welfare landscape

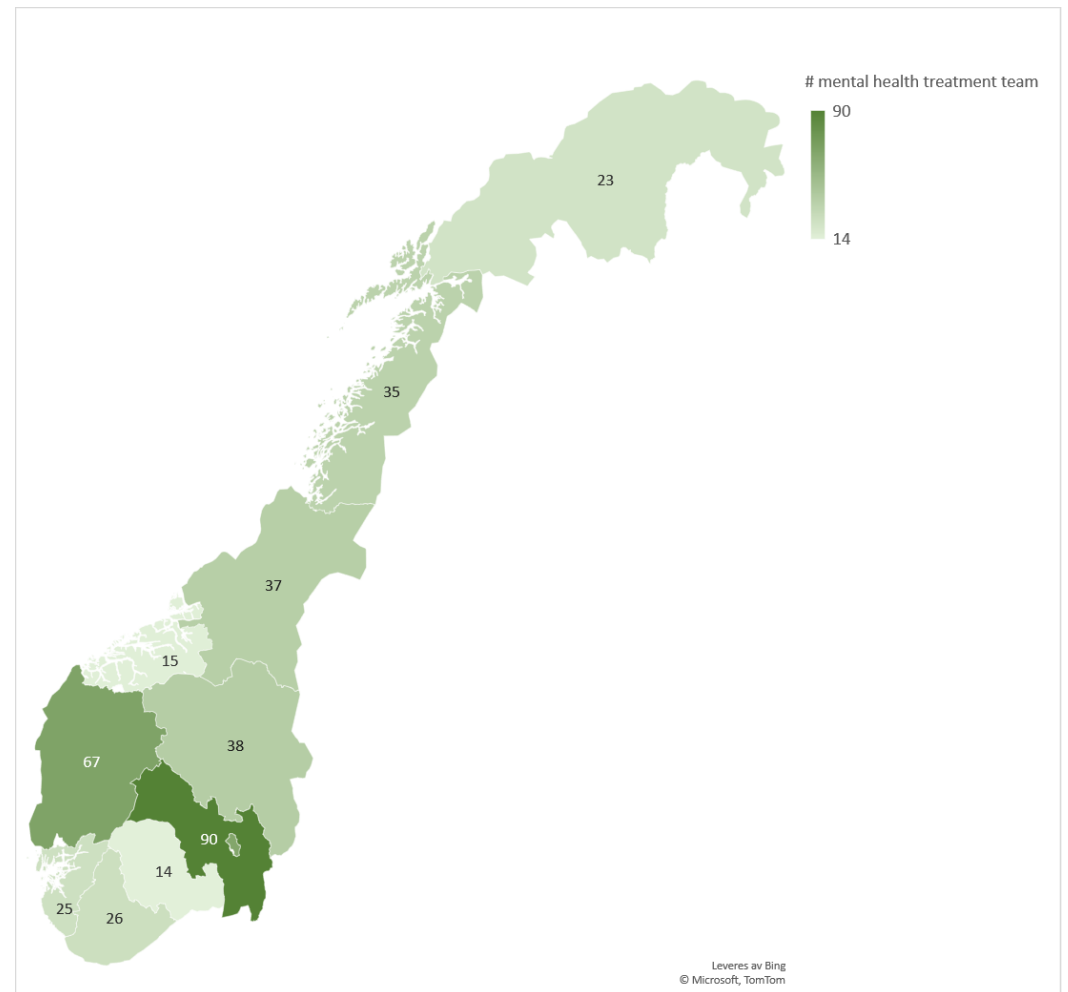
- IPS is offered both in hospitals and municipalities. Geographical variations.
- Close cooperation between the Directorate of Labour and Welfare, the Directorate of Health, NAPHA, resource and research centers.
- Study by Brinchmann et. al 2019 suggests the generosity of the welfare system does not influence the efficacy of IPS.

Funding

- In 2021: NOK 186 million from the state budget to NAV. Co-funding of the IPS programs, five resource centers of IPS, Regional IPS trainers, courses and fidelity reviews.
- During the IPS testing period the IPS programs were fully funded by state funds.
- Question: Who is going to fund employment specialists in the future?

IPS in Norway

	# mental health treatment teams
Agder	26
Innlandet	38
Møre og Romsdal	15
Nordland	35
Rogaland	25
Troms og Finmark	23
Trøndelag	37
Vestfold og Telemark	14
Vestland	67
Viken	90
Oslo	65
Total:	435



Approach to quality and innovation

Quality assurance

- Every year or twice a year depending on level of implementation earlier
- 44 fidelity reviewers from all of Norway
 - Travel costs are financed by Directorate
- 66 fidelity reviews planned in 2022
43 IPS Y (young adults)
- Apr. 50 IPS fidelity reviews digitally in 2021
- Every year or every second year combined with self-review

Innovation and future direction

- IPS for young adults
- IPS trainers in all counties
- CRM for employment specialists
- Develop skills for employment specialists, treatment teams, supervisors through building courses and training over time
- The Centre for Work and Mental Health at Nordland Hospital, Bodø researches on implementation of IPS in northern Norway. (B. Brinchmann, M. Rinaldi and others)

Research on IPS in Norway



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Psychiatric Rehabilitation Journal

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A Short History of Individual Placement and Support in Norway

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Objective: Norway is a high-income and high-cost society with a generous welfare system, and it has the largest mental health–related unemployment gap of the OECD countries. The aim of the current article was to present a short history of Individual Placement and Support (IPS) services to increase work participation in Norway. **Method:** We provide a narrative overview of the developments and research on IPS in Norway, from the introduction of supported employment to recent and ongoing randomized controlled trials (RCTs) investigating the effectiveness of IPS for various target groups. **Findings:** While vocational rehabilitation services in Norway have traditionally followed a train-then-place approach, the introduction of supported employment in the early 1990s led to a range of new initiatives to increase work participation. Early implementations were inspired by supported employment but did not follow the evidence-based IPS methodology. More recent developments include a shift toward evidence-based IPS, and the first Norwegian RCT of IPS showed effectiveness on both work- and health-related outcomes among people with moderate to severe mental illness. Several ongoing trials are currently investigating IPS for new target groups, including chronic pain patients and refugees. **Conclusions and Implications for Practice:** The results suggest that IPS is more effective than traditional approaches to increase work participation, even in the Norwegian context of a high-cost welfare society. IPS has shown effectiveness in severe as well as more common types of mental illness in Norway, and results from ongoing trials will further reveal whether IPS may be expanded to various new target groups.

Four Randomized Controlled Trials (RCTs)

1. The multicenter trial of IPS for patients with moderate-to-severe mental illness

First and main RCT of IPS in Norway, N=410

2. Supported Employment & preventing Early Disability (SEED-trial)

New target group: Young adults regardless of diagnosis, N=96

3. IPS for patients with chronic pain (IPS in Pain-trial)

New target group: People with chronic pain conditions, N=58

4. Supported Employment for Refugees (SER-trial)

Newly arrived refugees, N=66

1) The multicenter trial of IPS for patients with moderate-to-severe mental illness

- Moderate to severe mental illness
- N=410
- Main outcome: Competitive employment
- Secondary outcomes: Health and QoL
- Moderate mental illness: 55%
 - Major depressive and anxiety disorders
- Severe mental illness: 45%
 - Psychotic and bipolar disorder
- Worked at 12 month follow-up:
 - 27.1 % vs. 36.6 %
- Survey data:
 - 27% vs. 43%
- Also findings on health-related outcomes



2) Supported Employment & preventing Early Disability (the SEED-trial)

- Young adults (18-29) with various social or health-related problems, at risk of early work disability benefits
- N=96
- Main outcome: Competitive employment
- Secondary outcomes: Health and QoL
- IPS without integrated services, fidelity 77 (fair)
- Worked at 12 month follow-up, survey data:
 - 8 % vs. 48 %
- Also some findings on health-related outcomes

Sveinsdottir et al. BMC Public Health (2016) 16:579
DOI 10.1186/s12889-016-3280-x

BMC Public Health

STUDY PROTOCOL

Open Access

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Vigdis Sve
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Abstract
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BMC

Sveinsdottir et al. BMC Public Health (2018) 18:1176
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BMC Public Health

RESEARCH ARTICLE

Open Access

Young
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Vigdis Sveinsdottir

Abstract
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BMC

Original article

Scand J Work Environ Health - online first. doi:10.5271/sjweh.3837

Individual placement and support for young adults at risk of early work disability (the SEED trial). A randomized controlled trial

by Vigdis Sveinsdottir, MSc,¹ Stein Atle Lie, PhD,² Gary R Bond, PhD,³ Hege R Eriksen, PhD,⁴ Torill H Tveit, PhD,¹ Astrid L Grasdøl, DrPol,⁴ Silje E Reme, PhD⁷

Sveinsdottir V, Lie SA, Bond GR, Eriksen HR, Tveit TH, Grasdøl AL, Reme SE. Individual placement and support for young adults at risk of early work disability (the SEED trial). A randomized controlled trial. *Scand J Work Environ Health* - doi:10.5271/sjweh.3837

Objectives Individual placement and support (IPS) is an effective approach for helping people with severe illness gain employment. This study aimed to investigate if IPS can be effectively repurposed to support young adults at risk of early work disability due to various social and health-related problems.

Methods A randomized controlled trial including 96 young adults (18–29 years; 68% men) was conducted in Norway. Participants were not in employment, education, or training, received temporary benefits due to health-related problems, and were eligible for traditional vocational rehabilitation (TVR). Participants were randomized to IPS (N=50) or TVR (N=46). Self-reported data were collected at baseline and at 6- and 12-month follow-up. The primary outcome was obtaining any paid employment in the competitive labor market during follow-up. Secondary outcomes were physical and mental health, well-being, coping, alcohol consumption, and drug use.

Results Significantly more IPS participants obtained competitive employment compared to TVR participants during 12-month follow-up (48% versus 8%; odds ratio 10.39, 95% confidence interval 2.79–38.68). The IPS group reported significantly better outcomes than the TVR group in subjective health complaints, helplessness, and hopelessness. In post hoc analyses adjusted for baseline and missing data, the IPS group reported significantly better outcomes on these measures in addition to level of disability, optimism about future, and drug use.

Conclusions IPS is effective for young adults at risk of early work disability. IPS was superior to TVR in promoting competitive employment and promoting improvements in some non-vocational outcomes. IPS services should be offered to improve employment rates in this vulnerable group.

Key terms health; intervention; NEET; RCT; supported employment; vocational rehabilitation; work

High rates of young people who are not in employment, education, or training (NEET) represent an important international challenge (1). The NEET population is diverse, and includes individuals who are short-term unemployed or in temporary transition-phases, as well as other more vulnerable groups at higher risk of lifelong disengagement (2).

Exclusion from the labor market is associated with adverse health effects (3, 4) and leads to considerable societal costs (1). In Norway, disability benefits are offered as income compensation for permanently reduced earning capacity. Over the last decade, there has been a shift in the target group toward younger recipients, and the share of 18–29-year-olds has increased considerably. This differs from the older beneficiaries as most of the young recipients are male compared to the older groups. In addition, 63% of the young recipients in the 18–29-year-old age group have mental and behavioral disorders compared to 33% in the older groups.



The Research Council
of Norway



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3) IPS for patients with chronic pain (The “IPS in pain” trial)

- Patients with chronic pain conditions, eligible for interdisciplinary pain treatment
- First: Pilot study, N=8
- Then: RCT, N=58
- Main outcome: Competitive employment
- Secondary outcomes: Health and QoL
- IPS integrated with interdisciplinary pain treatment, fidelity 89 (fair)
- Worked at 12 month follow-up, survey data:
- Plans for larger multi-center trial underway!

(not yet published)

Røddevand et al. BMC Musculoskeletal Disorders (2017) 18:550
DOI 10.1186/s12891-017-1908-3

BMC Musculoskeletal Disorders

RESEARCH ARTICLE Open Access

A pilot study of the individual placement and support (IPS) in pain trial for patients with chronic pain

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Abstract
Background: It is well-documented that people with chronic pain have a high risk of unemployment. The IPS model is an evidence-based work rehabilitation model originally developed to help people with mental illness obtain and maintain employment. The effectiveness of IPS for patients with severe mental illness is well documented, but the model has never before been tested for patients with chronic pain.
Methods: We conducted a pilot study in a pain clinic. The study was designed to evaluate the feasibility of the IPS model for patients with chronic pain. The primary outcome was labor market participation during 12 months after enrollment, and secondary outcomes included physical and mental health, collected at baseline, 6, and 12 months. Finally, there will be an additional long-term follow-up at 24 months.
Results: The pilot study showed that the IPS model was feasible for patients with chronic pain. Labor market participation was achieved by 8 of the 8 participants. The IPS model was integrated with interdisciplinary pain treatment, with a fidelity of 89% (fair).
Conclusions: The pilot study showed that the IPS model was feasible for patients with chronic pain. The IPS model was integrated with interdisciplinary pain treatment, with a fidelity of 89% (fair).
Keywords: Individual Placement and Support, Chronic pain, Rehabilitation, Employment

Background
Chronic pain is a common condition in Norway, and it is a leading cause of disability. The IPS model is an evidence-based work rehabilitation model originally developed to help people with mental illness obtain and maintain employment. The effectiveness of IPS for patients with severe mental illness is well documented, but the model has never before been tested for patients with chronic pain.

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Linnemærken et al. BMC Musculoskeletal Disorders (2018) 19:47
https://doi.org/10.1186/s12891-018-1962-5

BMC Musculoskeletal Disorders

STUDY PROTOCOL Open Access

Protocol for the Individual Placement and Support (IPS) in Pain Trial: A randomized controlled trial investigating the effectiveness of IPS for patients with chronic pain

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Abstract
Background: Work disability involves large costs to the society as well as to the individual. Work disability is common among people with chronic pain conditions, yet few effective interventions exist. Individual Placement and Support (IPS) is an evidence-based work rehabilitation model originally developed to help people with mental illness obtain and maintain employment. The effectiveness of IPS for patients with severe mental illness is well documented, but the model has never before been tested for patients with chronic pain.
Methods/design: The aim of the IPS in Pain trial is to investigate the effectiveness of IPS as an integrated interdisciplinary treatment for patients with chronic pain in a hospital outpatient clinic. The study is a randomized controlled trial comparing pain treatment with integrated IPS to treatment as usual in unemployed patients suffering from various chronic pain conditions. The primary outcome of the study is labor market participation during 12 months after enrollment, and secondary outcomes include physical and mental health well-being, collected at baseline, 6, and 12 months. Finally, there will be an additional long-term follow-up at 24 months.
Discussion: The IPS in Pain trial will be the first report of the effectiveness of the IPS model of supported employment applied in an outpatient setting for chronic pain patients. It will thus provide important information about the effectiveness of repurposing IPS to a new patient group in great need of job support.
Trial registration: Clinicaltrials.gov: NCT02697656. Registered January 15th, 2016.
Keywords: Chronic pain, Coping, Individual placement and support, Supported employment, Integrated care, Randomized controlled trial, Vocational rehabilitation, Unemployment, Work disability

4) Supported Employment for Refugees (SER-trial)

- Refugees in the introduction program, some language requirements (i.e. not zero exclusion)
- N=66
- Main outcome: Competitive employment
- Secondary outcomes: Integration/acculturation, mental health (including PTSD), QoL
- IPS without health treatment (not a patient-group)
- Fidelity 69-74 (SE, not really IPS)
- Worked at 12 month follow-up, registry data:
(not yet published)
- Non-vocational outcomes were generally non-sig.
- Current status: Waiting for 5-year follow-up before publication



Some recent IPS research papers

- Brinchmann, B. et al (2019). A meta-regression of the impact of policy on the efficacy of individual placement and support. *Acta Psychiatrica Scandinavica* 2019: 1-15
- Hegelstad, W.T.V. et al. (2018). Job- and schoolprescription: A local adaptation to individual placement and support for first episode psychosis. *Early Intervention in Psychiatry*, DOI: 10.1111/eip.12686
- Holmås, T.H., Monstad, K., S.E. (2021). Regular employment for people with mental illness – An evaluation of the individual placement and support programme. *Social Science & Medicine*, DOI: 10.1016/j.socscimed.2021.113691
- Reme, S.E. et al. (2019). A randomized controlled multicenter trial of individual placement and support for patients with moderate-to-severe mental illness. *Scandinavian Journal of Work, Environment & Health*, DOI: 10.5271/sjweh.3753
- Sveinsdottir, V. et al. (2019). Individual placement and support for young adults at risk of early work disability (the SEED trial). A randomized controlled trial. *Scandinavian Journal of Work, Environment & Health*, DOI: 10.5271/sjweh.3837
- Sveinsdottir, V. et al. (2019). A short history of individual placement and support in Norway. *Psychiatric Rehabilitation Journal*, DOI: 10.1037/prj0000366
- Øverland, S.N., Grasdal, A., Reme, S.E. (2018). Long-term effects on income and sickness benefits after work-focused cognitive-behavioural therapy and individual job support: a pragmatic, multicentre, randomised controlled trial. *Occupational and Environmental Medicine*. DOI: 10.1136/oemed-2018-105137