BRIEFING

Centre for Mental Health

59: Individual Placement and Support

A guide for Integrated Care Systems

Jan Hutchinson

Summary

Individual Placement and Support (IPS) is an evidence-based model of supported employment. It has been rigorously trialled and has consistently outperformed all other tested forms of support for job seekers with severe and enduring mental health problems. The implementation of IPS has been part of the NHS Long Term Plan and preceding strategies for national mental health improvement for over eight years. It has become recognised as an essential aspect of mental health care.

Integrated Care Systems can have a positive impact on the mental health of their populations and reduce health inequalities by ensuring that investment into IPS services is sufficient to meet the ambitions of the Long Term Plan, that services are integrated within transformed community mental health models, and that they will continue to be available for anyone who can benefit from this unique and highly effective intervention.

The principles of IPS are:

1. Finding paid secure employment
2. Eligibility for anyone who wants to work
3. Integration of IPS with mental health or other clinical services
4. Finding the client's choice of job
5. Accurate advice on earnings and benefits
6. Beginning the job search quickly
7. Meeting employers and developing jobs
8. In-work support for as long as required

IPS is an essential part of mental health care

Each Integrated Care System (ICS) will steer a new 'system partnership' for better population physical and mental health, reduced health inequalities and

improved economic wellbeing in its area. This presents an opportunity to improve health by closing the employment gap for people with mental health problems, whose employment rates are between 25 and 40 percentage points lower than for people without such conditions, depending on where they live (Stacey and D'Arcy, 2022). ICSs can tackle this inequality by commissioning effective IPS for everyone who can benefit from it.

'Addressing occupational, educational and psychosocial needs is an essential aspect of mental health care', in the view of the Royal College of Psychiatrists (2022). The college states the importance of supporting individuals to work, wherever possible, and notes that mental health professionals should view 'being in appropriate work as a key treatment outcome'.

Costs and benefits

Research has found that people helped into employment are likely to need less support from community mental health services in the future, and less likely to have further inpatient admissions (Knapp *et al.*, 2013). A five-year study of IPS from Switzerland (Hoffmann *et al.*, 2014) reported that 44% of those receiving IPS were employed for at least 50% of the time over five years, compared with just 11% in a control group. Those in the IPS group also had over 50% fewer days in hospital which equates to a saving of around £20,000 per person over five years.

Introduction

IPS employment services are present in many specialist mental health trusts, but spread is uneven because the promotion of employment as a recovery tool and the ability to access IPS services varies across organisations. Implementation is lagging behind in some areas while others are growing quickly, proactively encouraging referrals and identifying specific jobs and employers best suited to meet the aspirations of the individual. By the end of 2022-23 around 44,000 people should be able to access IPS via adult mental health services, as per the NHS Long Term Plan targets, and there is funding to raise this to 55,000 people by March 2024, which will meet the projected need.

Integrated Care Systems now have oversight of IPS services. They have an opportunity to ensure their continuing success, to spread the impact of IPS within and beyond mental health trusts, and to secure access to IPS for people supported in primary care whose mental health problems present an additional challenge to gaining employment. ICSs can also now consider how IPS can be extended to meet similar needs for other groups, such as people with learning disabilities and neurodivergent people. IPS for people in drug and alcohol recovery services is being developed with government funding through the Office for Health Improvement and Disparities.

Individual Placement and Support began in the early 1990s in New Hampshire, USA. Early adopters in the UK included South West London and St George's NHS Trust, followed by eight additional providers across England. Together these were recognised as the first nine IPS Centres of Excellence, a process led by Centre for Mental Health in 2009-10. The last 12 years have seen an incremental expansion of IPS as a result of government-funded trials, co-commissioning models with local authorities, projects led by Centre for Mental Health (Gilbert and Papworth, 2017; Hutchinson *et al.*, 2018) and NHS England's vision for broad IPS coverage across all regions of England, boosted in the NHS Long Term Plan (NHS England, 2019). The global expansion of IPS has also seen new services developing in 16 European countries, as well as Canada, China, Japan, Australia, New Zealand (Bond *et al.*, 2020) and a current total of 41 US states.

The evidence for IPS is drawn from 28 randomised controlled trials, originating from around 15 countries. Research by Brinchmann *et al.* (2019) concluded that IPS efficacy can be generalised between different countries and that the evidence of efficacy is very strong. IPS has demonstrated especially effective outcomes for young adults, including those with first episode psychosis (Craig *et al.*, 2014; Bond *et al.*, 2016).

Cost effectiveness

Unemployment has a high financial and social cost to individuals, families and communities. IPS is by far the best method available for helping people with a serious mental illness who are out of work, or at risk of losing their job, to gain secure employment. The genuine possibility of appropriate, paid, long-term employment, with support, for people with a mental health difficulty is a beacon of hope for recovery.

A cost-benefit study based on the six-country EQOLISE trial found that IPS was more cost-effective than alternative models (Knapp *et al.*, 2013). Figures from Parsonage *et al.* (2016) show that the cost of IPS at the time of analysis was £2,700 per individual, but after a year the amount saved by that individual's reduced use of mental health services, based on the data from three longitudinal randomised controlled trials, was £3,000. This reduced level would continue, year on year. A five-year study of IPS from Switzerland (Hoffmann *et al.*, 2014) reported that 44% of those receiving IPS were employed for at least 50% of the time over five years, compared with just 11% in a control group. Time in employment, tenure of longest job and yearly income were all better for the IPS group at five years. (These findings support the proposition that if IPS can make people more employable, its potential benefits may extend over many years.) The additional striking finding from this study was the impact on mental health service use, as it was found that while those receiving IPS spent an average of 38.6 days in hospital over the five-year period, the corresponding time spent in hospital among those in the control group was 96.8 days, a difference of 58.2 days. Translating this finding to the English setting equates to a saving of around £20,000 per person over five years.

An intervention which costs as little as IPS but can save those more considerable sums of support from mental health teams and inpatient wards is worthy of implementation. Being in employment also helps people enormously by improving their opportunities for better housing, increasing social contacts, developing further employability skills and being in a better position to support partners and children.

The value of an IPS employment specialist can be summed up in this way: each IPS employment specialist is trained and expected to be able to find employment for the equivalent of at least half a caseload of people held by an average Community Psychiatric Nurse over a 12-month period.

How to implement Individual Placement and Support

The recent increase in the number of IPS services is a result of the NHS England funded rapid rollout of new services across every specialist NHS mental health trust area. Most of the 70 IPS services are run by NHS mental health trusts, with about a fifth run by third sector providers that have a strong track record of successful community support services.

IPS Grow

The Department of Work and Pensions, Health Education England and NHS England are funding a national team to support the implementation of new IPS services and the quality of provision. IPS Grow is hosted by Social Finance and is expanding to meet increased need. The team work closely with services to build local skills and confidence. The **IPS Grow website** includes a plethora of resources for IPS practitioners and for commissioners. It also includes information on data collection and monitoring of outcomes.

Recruitment

Support with local recruitment is available, including examples of wording for Employment Specialist and Team Leader **job descriptions**, information on the role, and example vignettes of IPS staff from **Health Education England**. The FutureNHS Collaboration Platform **IPS Workspace** provides a toolkit for hiring managers, including IPS Grow and NHS branded materials.

Practitioner training

Centre for Mental Health runs highly specialised training courses for IPS workers, including an introduction to IPS, team leader skills training, practical employer engagement and how to use motivational interviewing to enhance employability. To find out more visit **Centre for Mental Health Training**.

IPS for primary care and drug and alcohol services

Primary care

With Integrated Care Boards having oversight of the commissioning of services in both primary and secondary care, it is also worth considering how the reach of IPS could be extended to support people whose mental health problems do not require the intervention of secondary services but do constitute a barrier to finding employment. IPS in primary care is demonstrating promising results in a number of places such as the **West Midlands**, Sheffield, Essex, **Barnet**, **Brent**, Ealing, Hammersmith & Fulham, Harrow and Hillingdon.

Drug and alcohol services

The Office for Health Improvement and Disparities (OHID) is continuing to fund the rollout of IPS teams in community drug and alcohol services. The very promising results of a large randomised controlled trial are due to be published in late 2022. The trial began with the initial recruitment of small teams of between three and five IPS workers in seven drug and alcohol services. IPS translates well to a drug and alcohol (or primary care) setting because the key principles distinguishing IPS from other supported employment models are relatively easy to embed in other types of community team support, beyond services for people with severe mental health illness (SMI). The University of Strathclyde is leading a study to build further evidence for 'IPS beyond SMI' and this will include researching the effectiveness of IPS for people recently released from prison. A previous study (Durcan *et al.*, 2018) demonstrated promising results of an IPS approach with prison leavers.

Research trials have been run in the US on IPS support for other groups with specific needs, including veterans, people who are homeless, individuals with a spinal cord injury, and people who have musculoskeletal conditions. The results showed employment rates were higher with IPS than with the alternative approach or treatment as usual (Frederick and VanderWeele, 2019).

IPS principles and fidelity

Anyone establishing an IPS team has the benefit of a set of clear principles for operation which were created and honed by the team at the IPS International Center, now based at Columbia University in the US. The simplicity of IPS is one reason for its enduring success across three decades and at least 22 countries. It is described by 25 thematic 'fidelity' items, from the optimum size of a caseload for an employment specialist, through key performance indicators such as the time taken for an employer to meet a new client, to what percentage of the IPS team's working week is spent out of the office in their locality, searching for companies and using networking to broker job opportunities. The eight IPS principles below are a helpful summary of many of the IPS fidelity items.

Fidelity reviews

A fidelity review is an external assessment of the performance of an IPS team, measured against a scale of 1-5 for each of the fidelity items. The format of a fidelity review includes group and individual interviews with IPS staff, clinicians and clients, supported by service documentation and observation of practice. NHS England is funding independent fidelity reviews for IPS services in secondary mental health care.

For further information on booking a fidelity review for a service, email **courses@centreformentalhealth.org.uk**

The eight principles of IPS supported employment

1. **Focus on open paid employment:** IPS services are based on the premise that open employment is an attainable goal for people with mental and physical health conditions who want to be in work.
2. **Eligibility is a choice and a right:** People are not excluded on the basis of job readiness (perceived by others), diagnoses, symptoms, substance use history, disability, or criminal justice system involvement.
3. **Integration of IPS with mental health or other clinical and support services:** IPS programmes are closely integrated with mental health treatment teams.
4. **Finding a preferred role:** IPS searches for jobs closely aligned to each person's preferences and choices, rather than providers' judgments.
5. **Personalised benefits advice:** Employment specialists help people obtain personalised and accurate information about their entitlements and how earnings may change eligibility.
6. **Rapid job search:** IPS services use a rapid job search approach to help job seekers to meet potential employers within the first month, rather than providing lengthy pre-employment assessment, training and guidance.
7. **Employer engagement and job development:** Employment specialists contact and meet employers, who are selected based on the job seeker's preferences, to learn about their business needs and to market the skills of the job seekers.
8. **Time-unlimited and individualised in-work support:** Ongoing in-work support is personalised and continues for as long as each person wants and needs the support.

(Adapted from IPS Employment Center, 2017)

Aims for Integrated Care Systems and IPS services

Workforce

Working in IPS attracts people with a combination of empathy, hope, determination, marketing skills, patience, meticulous recording, teamwork, creativity, and communication skills. It does not require any particular educational background or qualifications. IPS Grow is helping to attract people into the workforce through national marketing which raises the profile of a career in IPS. This video describing the role of an employment specialist has been created by Health Education England.

IPS clients or service users might find the role of employment specialist attractive as an employment goal for themselves, and naturally make very empathic support workers.

Equality for racialised communities

A study across two large London IPS services explored whether people from racialised communities experience equality of access and outcome in IPS services. It concluded that there were no significant differences between the proportions of people from different ethnic backgrounds who gained employment. The data strongly suggest that people from racialised communities are not differentially disadvantaged in relation to either access to or outcomes of IPS employment services (Perkins *et al.*, 2021).

Integrated Care Boards (ICBs) should require regular reporting from the IPS services to ensure that the service promotes equality of access and employment across all ethnic groups.

Quality

Kite marks have always been important in maintaining the high quality and effectiveness of IPS. Scoring at least ‘good fidelity’ has been found to correlate with higher numbers of job outcomes, defined as 43% or more of participants commencing employment (Lockett *et al.*, 2016). Independent fidelity reviews carried out by Centre for Mental Health and IPS Grow give the service a set of scores across the 25 items from which an action plan for improvement can be created.

The new IPS quality mark will be awarded to services which achieve an overall score of ‘good fidelity’ and, additionally, meet the required minimum job outcomes for their size, score highly on integration into mental health teams and for employer engagement, and collect all the necessary data including figures which demonstrate racial equality. ICBs should require IPS services to reach the standard of the IPS quality mark within three years.

Peer IPS workers

Some IPS services are recruiting peer specialists, who use their lived experience to encourage clients on their journey to work. A new job may cause initial anxiety after a period of illness and unemployment. Any IPS employment specialist with their own experience of mental health difficulties may wish to share this appropriately to demonstrate empathy and to help their clients. A guide for using lived experience has been developed by Dr Rachel Perkins (2021).

Anchor institutions

The partners forming the ICS will include anchor institutions – large local organisations which have significant assets and a stake in the local area. IPS services need to find and develop a range of job openings for their clients, and links with the anchor institutions that have an interest in the long-term health of the area could provide some of these opportunities. The King’s Fund (2021) reports on employment initiatives taken by Leeds Teaching Hospitals Trust and University Hospitals Birmingham to provide pathways towards employment within their departments.

ICSs should encourage all large organisations in the system to link with the IPS service and develop recruitment pathways to employ people recovering from and living with long-term health problems, including mental health difficulties. In so doing, they should also make a commitment to achieve Real Living Wage accreditation to ensure they pay all their workers fairly.

Case study: Stephen, Bradford District IPS

Stephen is a 48-year-old man living in the city of Bradford who has been receiving support from Bradford District Care NHS Foundation Trust's South and West Community Mental Health Team since 2018.

Prior to his referral to the IPS employment service by his advanced nurse practitioner, Stephen had been unemployed for 15 years. He always wanted to work, but his anxiety was a barrier for him as his past experiences had a negative impact on his mental health and confidence. He knew he needed in-work support to overcome this.

Once referred to the IPS employment service, Stephen met with his employment specialist, Melanie, who talked through his CV, his interests and also completed an in-work benefits calculation. From these meetings Stephen discovered he could work on a part-time basis and would be supported by his employment specialist to address his anxiety and build his confidence to work full time in the future.

With his employment specialist's support, a suitable role was identified in a local store. The role was close to where Stephen lived, was his preferable working environment and would give him the skills and knowledge to build his confidence and start a career in retail. Stephen was invited to interview and was successful in being offered the position.

Stephen started working in October 2020 during lockdown. Stephen and Melanie put a plan in place to meet on a weekly basis for additional one-to-one support to help address his anxieties.

Stephen said: "As well as supporting me in work, Mel also provided social support during the lockdown and we would meet outside for walks and take out coffee when government guidelines permitted, and I was able to talk to her not only about work but also my personal circumstances.

"I am now more settled in work and my anxiety has lowered considerably. I have also learnt new skills within the store such as working on the tills, merchandising and stock rotation. I hope to move onto a retail assistant position in the future. I feel a lot more confident in myself and working has given me a sense of purpose. I also feel very lucky to have obtained a job during the Covid-19 pandemic."

This is one of the case studies available from ***NHS England's website***

Conclusions

By ensuring the continued and expanding availability of IPS, Integrated Care Systems can tackle a major health inequality and ensure no one is left without the right help to enable them to make a living.

The time to act is now. Two major factors are affecting the prospects of the younger generation in particular: firstly, 18 to 25 year olds are more likely than other age groups to be unemployed; secondly, mental health difficulties are rising among children and young people, affecting greater numbers of those who would generally enter the workforce over the next 5-10 years (Wilson and Finch, 2021).

ICSs will have to make choices about where to invest for future health. The evidence for IPS, established over 30 years, is compelling in terms of value for money, effective recovery, and quality of life outcomes. All of us know the reasons that we applied for our jobs, the social and economic value of employment, and what being able to work means to us, to our families, to our economy and communities. Tackling health inequalities begins with tackling poverty, and for this reason, IPS works.

References

Bond, G. R., Drake, R. E. and Campbell, K. (2016) Effectiveness of individual placement and support supported employment for young adults. *Early intervention in psychiatry*, **10**(4), 300–307. Available from: https://doi.org/10.1111/eip.12175 [Accessed 18 July 2022]

Bond, G. R., Drake, R. E. and Becker, D. R. (2020) An update on Individual Placement and Support. *World psychiatry*, **19**(3), 390–391. Available from: https://doi.org/10.1002/wps.20784 [Accessed 18 July 2022]

Brinchmann, B., Widding-Havneraas, T., Modini, M., Rinaldi, M., Moe, C.F., McDaid, D., Park, A-L., Killackey, E., Harvey, S. B. and Mykletun, A. (2019) *A meta-regression of the impact of policy on the efficacy of individual placement and support*. Available from: https://doi.org/10.1111/acps.13129 [Accessed 18 July 2022]

Craig, T., Shepherd, G., Rinaldi, M., Smith, J., Carr, S., Preston, F. and Singh, S. (2014) Vocational rehabilitation in early psychosis: cluster randomised trial. *The British journal of psychiatry*, **205**(2), 145–150. Available from: https://doi.org/10.1192/bjp.bp.113.136283 [Accessed 18 July 2022]

Drake, R. and Wallach, M. (2020) Employment is a critical mental health intervention. *Epidemiology and Psychiatric Sciences*, 29, E178. Available from: https://doi.org/10.1017/S2045796020000906 [Accessed 18 July 2022]

Durcan, G., Allan, J. and Hamilton, S. (2018) *From prison to work: A new frontier for Individual Placement and Support*. Available from: https://www.centreformentalhealth.org.uk/publications/prison-work [Accessed 1 August 2022]

Frederick, D. E., VanderWeele, T. J. (2019) Supported employment: Meta-analysis and review of randomized controlled trials of individual placement and support. *PLoS ONE*,

14(2): e0212208. Available from: https://doi.org/10.1371/journal.pone.0212208 [Accessed 18 July 2022]

Gilbert, D. and Papworth, R. (2017) *Making Individual Placement and Support work*. London: Centre for Mental Health. Available from: https://www.centreformentalhealth.org.uk/publications/making-individual-placement-and-support-work [Accessed 18 July 2022]

Hutchinson, J., Gilbert, D., Papworth, R. and Boardman, J. (2018) Implementing Supported Employment. Lessons from the Making IPS Work Project. *International journal of environmental research and public health*, **15**(7), 1545. Available from: https://doi.org/10.3390/ijerph15071545 [Accessed 18 July 2022]

Hoffmann, H., Jäckel, D., Glauser, S., Mueser, K. T. and Kupper, Z. (2014) Long-term effectiveness of supported employment: 5-year follow-up of a randomized controlled trial. *Am J Psychiatry*. **171**(11):1183-90

IPS Employment Center (2017) *IPS Practice and Principles*. Available from: https://ipsworks.org/index.php/documents/ips-practice-and-principles/ [Accessed 15 September 2022]

The King's Fund (2021) *Anchor institutions and how they can affect people's health*. Available from: https://www.kingsfund.org.uk/publications/anchor-institutions-and-peoples-health [Accessed 18 July 2022]

Knapp, M., Patel, A., Curran, C., Latimer, E., Catty, J., Becker, T., Drake, R. E., Fioritti, A., Kilian, R., Lauber, C., Rössler, W., Tomov, T., van Busschbach, J., Comas-Herrera, A., White, S., Wiersma, D., & Burns, T. (2013) Supported employment: cost-effectiveness across six European sites. *World psychiatry: official journal of the World Psychiatric Association (WPA)*, **12**(1), 60–68. Available from: https://doi.org/10.1002/wps.20017 [Accessed 18 July 2022]

Lockett, H., Waghorn, G., Kydd, R. and Chant, D. (2016) "Predictive validity of evidence-based practices in supported employment: a systematic review and meta-analysis", *Mental Health Review Journal*, Vol. 21 No. 4, pp. 261-281. Available at: https://doi.org/10.1108/MHRJ-12-2015-0040 [Accessed 18 July 2022]

NHS (2019) *Long Term Plan*. Available from: https://www.longtermplan.nhs.uk/wp-content/uploads/2019/08/nhs-long-term-plan-version-1.2.pdf [Accessed 18 July 2022]

Parsonage, M., Grant, C. & Stubbs, J. (2016) *Priorities for Mental Health: Economic report for the NHS England Mental Health Taskforce*. London: Centre for Mental Health. Available from: https://www.centreformentalhealth.org.uk/publications/priorities-mental-health [Accessed 21 September 2022]

Perkins, R. (2021) *Valuing and using personal experience in IPS practice*. London: IPS Grow. Available from: https://s38158.pcdn.co/wp-content/uploads/Valuing-and-using-personal-and-lived-experience-in-IPS-practice-Briefing-Paper.pdf [Accessed 18 July 2022]

Perkins, R., Patel, R., Willett, A., Chisholm, L., & Rinaldi, M. (2022) Individual placement and support: Cross-sectional study of equality of access and outcome for Black, Asian and minority ethnic communities. *BJPsych Bulletin*, **46**(1), 10-15. Available from: https://doi.org/10.1192/bjb.2021.9 [Accessed 18 July 2022]

Royal College of Psychiatrists (2022) *PS01/22: Addressing patients' occupational, educational and psychosocial needs as an essential aspect of mental health care*. London: The Royal College of Psychiatrists. Available from: https://www.rcpsych.ac.uk/docs/default-source/improving-care/better-mh-policy/position-statements/ps01_22.pdf [Accessed 18 July 2022]

Stacey, B. & D'Arcy, C. (2022) *No one left behind*. London: Money and Mental Health Policy Institute. Available from: https://www.moneyandmentalhealth.org/publications/levelling-up/ [Accessed 18 July 2022]

Wilson, H., & Finch, D. (2021) *Unemployment and mental health*. London: The Health Foundation. Available from: https://www.health.org.uk/publications/long-reads/unemployment-and-mental-health [Accessed 18 July 2022]

Briefing 59: Individual Placement and Support - a guide for Integrated Care Systems

Published September 2022

Image: istockphoto.com/portfolio/xavierarnau

Centre for Mental Health is an independent charity and relies on donations to carry out further life-changing research. Support our work here: www.centreformentalhealth.org.uk/donate

© Centre for Mental Health, 2022

Recipients (journals excepted) are free to copy or use the material from this paper, provided that the source is appropriately acknowledged.

59: Individual Placement and Support

A guide for Integrated Care Systems

Jan Hutchinson

Summary

Individual Placement and Support (IPS) is an evidence-based model of supported employment. It has been rigorously trialled and has consistently outperformed all other tested forms of support for job seekers with severe and enduring mental health problems. The implementation of IPS has been part of the NHS Long Term Plan and preceding strategies for national mental health improvement for over eight years. It has become recognised as an essential aspect of mental health care.

Integrated Care Systems can have a positive impact on the mental health of their populations and reduce health inequalities by ensuring that investment into IPS services is sufficient to meet the ambitions of the Long Term Plan, that services are integrated within transformed community mental health models, and that they will continue to be available for anyone who can benefit from this unique and highly effective intervention.

The principles of IPS are:

1. Finding paid secure employment
2. Eligibility for anyone who wants to work
3. Integration of IPS with mental health or other clinical services
4. Finding the client's choice of job
5. Accurate advice on earnings and benefits
6. Beginning the job search quickly
7. Meeting employers and developing jobs
8. In-work support for as long as required
9. IPS is an essential part of mental health care.

Each Integrated Care System (ICS) will steer a new 'system partnership' for better population physical and mental health, reduced health inequalities and improved economic wellbeing in its area. This presents

Centre for Mental Health

Centre for Mental Health

Room AG.22, 11-13 Cavendish Square

London W1G 0AN

www.centreformentalhealth.org.uk

Follow us on social media: @CentreforMH

Charity registration no. 1091156. A company limited by guarantee registered in England and Wales no. 4373019.