



# Supporting people with mental health conditions into paid employment: a briefing for Work Programme providers

As a prime contractor of Work Programme services, you will be expected to achieve outcomes for many people with a range of needs. Despite very low levels of employment today, people with a mental health diagnosis can get jobs and almost all would like to be in paid work. Failing to help them to achieve their employment aspirations is a waste of potential which Work Programme providers are ideally placed to overcome.

To work with people with long-term mental health conditions such as schizophrenia, bi-polar disorder and severe depression and anxiety, you will probably want to develop partnerships with specialist organisations.

*How will you know whether the specialist providers in your supply chain are capable of achieving the outcomes you need to achieve?* Ask them whether they follow the Individual Placement and Support (IPS) approach to supported employment.

## **'Place then train'**

There are broadly two models which have been used to help people with mental health conditions who are not currently active in the labour market to get jobs:

- 'Train then place' approaches: these aim to prepare and train people first before starting to look for paid employment. Programmes usually end at the point of placement in paid employment, or soon after. They are sometimes known as vocational training, sheltered work or transitional employment.
- 'Place then train' approaches: these aim to start looking for paid employment soon after a person engages with the programme and once a person is in competitive employment, training and support is then offered on the job.

There is now overwhelming international evidence that 'place then train' approaches are much more effective

than traditional 'train then place' ones in successfully supporting people into work.

## **Individual Placement and Support**

Individual Placement and Support is a 'place then train' approach. And it works. In the UK, only around 20% of people in touch with specialist mental health services are in paid employment or education. Work is often not seen as a realistic goal. Yet IPS trials have shown that 50-60% of individuals who participate go on to achieve paid employment.

### **There are 7 basic principles:**

1. Focus on competitive, mainstream employment
2. Be open to all who want to work
3. Integrate employment support with a person's health and social care
4. Look for jobs consistent with people's preferences
5. Work quickly (begin a basic job search within four weeks)
6. Provide time-unlimited, individualised support for the person and their employer
7. Make sure people have access to accurate benefits advice and financial guidance

### **The evidence for IPS**

IPS consistently outperforms other forms of support. 16 high quality research studies have tested the IPS approach for people with long-term mental health conditions. In every study, IPS consistently helped more people to get into employment. On average, IPS helped 61% of people to achieve employment outcomes compared with 23% in other services. The research demonstrates that not only does IPS help more participants start competitive employment: more participants worked 20 or more hours per week than in the comparison services and people in the IPS group got their first job more quickly. The effectiveness of IPS is contingent on implementing it fully according to the seven principles listed above. If any one ingredient is missing, for example if expert

benefits advice is not offered or if support ends when a job begins, the results will be less impressive. Measuring 'fidelity' to the approach is one way of understanding how well services are doing.

IPS is now used by a growing minority of NHS mental health trusts and their voluntary sector and local authority partners. Over time, we hope that all health services will offer an IPS service as standard, linked closely to the Work Programme for all who can benefit from it.

### Why does it work?

IPS is less likely to de-motivate clients and more likely to find jobs people enjoy and want to take by focusing on their preferences for real work. An IPS Employment Specialist is likely to have a caseload of between 20-28 clients and the support offered to clients is intensive and personalised. It is more likely to help people get through the difficult transition from unemployment to employment that most programmes stop at.

### Can IPS be used with other client groups?

The principles of IPS have potential for other groups who have low levels of employment or are otherwise disadvantaged in the labour market, including:

- People who have become disabled and long term unemployed as the result of common mental health problems such as depression and anxiety
- Prisoners and other offenders.
- People with a 'dual diagnosis' of mental ill health and a substance use problem: for which evidence of the benefits of IPS is now available.
- Young people with mental health problems or complex needs.

IPS can be used as a design principle and adapted to work with these groups. Centre for Mental Health is working with national and international partners to test such adaptations. In the meantime, when you are looking to specialist partners to help you achieve outcomes for individuals with long-term mental health conditions, ask what approach they take to employment support. Not everyone who follows these principles will use the term IPS, but the characteristics of the approach are easy to spot if you know what to look for.

### Ten questions to consider asking of specialist providers of employment support for people with mental health conditions

1. What is the service model?
2. What is the evidence base for what they do?
3. What is the profile of clients using the service? Does it 'filter out' clients with certain kinds of problems?
4. How many paid competitive jobs have they found for people in contact with secondary mental health services in the past year?
5. How many clients with severe mental health problems do they currently support in paid competitive jobs?
6. What kinds of jobs do they get?
7. What is the average time to begin to look for paid work and to get someone into their first job?
8. What is the caseload of an individual employment specialist?
9. At what point does support for a person stop?
10. How closely does the service work with health services?

### More information

For more information about IPS, fidelity reviews or the NHS trusts and their partners that are leading the way, visit our website at [www.centreformentalhealth.org.uk/employment](http://www.centreformentalhealth.org.uk/employment) or contact Christa Norris on 020 7827 8321.

### About Centre for Mental Health

Centre for Mental Health is an independent charity that aims to help to create a society in which people with mental health problems enjoy equal chances in life to those without. We believe that people with mental health problems should not experience unfair barriers to a fulfilling life. We aim to find practical and effective ways of overcoming those barriers so that people with mental health problems can make their own lives better with good quality support from the services they need to achieve their aspirations.

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