

Mental Health and Supported Employment Services

*Effectiveness of the Individual Placement and Support model
of Supported Employment in Mental Health Recovery*



Information for Commissioners

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Foreword by Rachel Perkins



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Everyone who experiences a mental health condition faces the often daunting challenge of rebuilding a meaningful, satisfying and contributing life in a world where prejudice and discrimination remain rife. It is hard to underestimate the importance of gainful employment in this journey of recovery. Main factors include:

- Hope is central to recovery. Employment offers us status and identity and gives us a reason to get up in the morning. Most of us meet our friends and partners in the course of our work. Work is good for our health – both physical and mental - and protects against relapse. The income we gain from work allows us to do the other things we value in life. Without work, what hope can there be?
- Taking back control over our life and destiny is central to recovery. Without work we remain dependent on others and on paltry state benefits that afford little opportunity to pursue our aspirations.

- And most of all, participation is central to recovery – the chance to access those opportunities that all citizens should take for granted. Central to these is the opportunity to contribute. Without work it is too easy to end up always dependent on help from others – a devaluing and dispiriting place to be. The chance to contribute to our communities and be recognised – paid – for that contribution is central to health and well-being.

Most people with mental health conditions would dearly love to work, yet most are denied the opportunity to do so. But it does not have to be this way. Most people remain unemployed not as a consequence of their mental health condition, but as a consequence of a conspiracy of low expectations and failure to provide the sort of support – to both the individual and their employer – that we know works.

There is now a wealth of evidence from both research trials and regular clinical practice that 'Individual Placement with Support' model of supported employment is effective in enabling the majority of people with mental health conditions (including those that are more serious) to gain and prosper in employment.

Treatment alone is not enough to enable people to work. If services are to assist people in their journey of recovery, such evidence based employment support must be an integral component of mental health services in both primary and secondary care.

Not only does employment enable people to rebuild healthy, satisfying and contributing lives, it also promotes physical and mental health, protects against relapse and thereby decreases service usage. A 'win-win' for individuals, their families and the public purse.

Who and what is this document for?

The purpose of this document is to highlight the importance of commissioning Supported Employment services (known as Individual Placement with Support Services, IPS) within secondary care mental health teams.

What is IPS?

IPS is an evidence based employment model designed to successfully support those with severe mental health conditions to find and remain in competitive, sustainable work. Fundamental to the delivery of IPS is the integration of the model with the Community Mental Healthcare Service. As well as the expertise of the multi-disciplinary team, an Employment Specialist is essential to support patients to return to and stay in work.

What is Recovery?

Recovery is *“a way of living a satisfying, hopeful and contributing life even within the limitations caused by illness. ... a deeply personal, unique process of changing one’s attitudes, values, feelings, goals, skills and roles recovery involves the development of new meaning and purpose in one’s life as one grows beyond the catastrophic effects of mental illness.”* (Anthony, 1993)¹

Why is commissioning IPS services so important?

Easing individuals with severe mental health conditions into appropriate employment can expedite their recovery and result in long term cost savings for the NHS.

The IPS Model is an evidence based approach with the support of 15 randomized control trials which demonstrates IPS to be the most successful way to support individuals with severe and enduring mental health back into employment.²

What do commissioners need to consider?

- Good employment can impact on a number of factors fundamental to the recovery process; including social inclusion, forming relationships, having a purpose and contributing to society,

- building confidence and improving physical health.
- Supporting people with a range of mental health conditions into employment can reduce the costs of specialist mental health care services as well as increasing throughput.
- The government is committed to enhancing the quality of life for people with long term mental health conditions through employment.
- People with severe and enduring mental health conditions can require specialist, often intensive, support to obtain and sustain a job.
- This level of intensive support is not provided by mainstream statutory employment provision.
- IPS is proven to be the most effective means of supporting people with mental health conditions into work.

What is the current picture?

In the UK, several trailblazers have now established supported employment services integrated into their secondary care mental health services. These NHS Trusts and their partners have demonstrated that they are able to effectively support people who have severe mental health conditions into sustainable employment, reducing the individual’s reliance upon and frequency of support from GP’s, Secondary Care and other health services.

Nationally, only 14% of people in contact with specialist mental health services have paid employment, though 70-90% of mental health service users would like help to get back into work. IPS services can help the majority of these people.

Further Information:

Visit an IPS trailblazing website and see the success stories of supporting people with mental health conditions supported successfully back into work.

Detailed commissioning guidance will be provided if requested. Please refer to references and links provided.

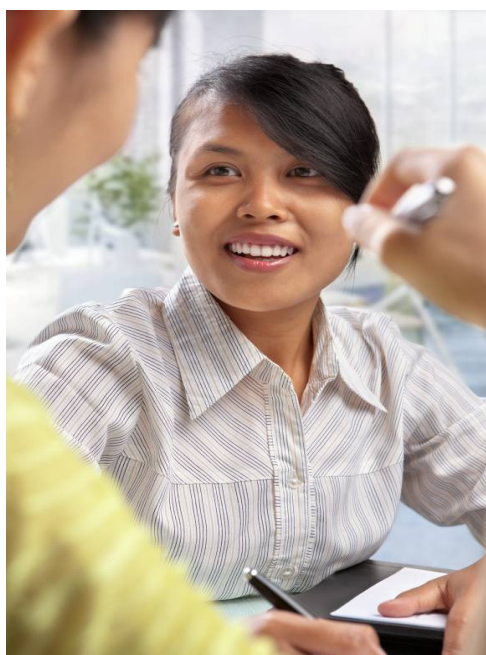
Introduction

The purpose of this document is to highlight the importance of commissioning evidence based IPS Supported Employment services within secondary care mental health teams.

It proposes that commissioners invest in such services for people with severe and enduring mental health conditions.

In this document:

- We review why evidence based supported employment services should be commissioned
- We consider the role of employment in recovery from severe mental illness
- We evidence that IPS supported employment services are the best means for supporting those with severe mental health conditions into employment
- We look at how IPS services are delivered and monitored to ensure a high quality service



Why commission supported employment services for people with mental health conditions?

Employment facilitates recovery from mental ill health

Recovery in Mental Health is referred to as a process of managing one's symptoms to live a meaningful and satisfying life.

Recovery is now viewed as an essential Psychosocial Treatment for Mental Health.

The recovery approach is at the heart of modern day mental health services. Fundamental to an individual's 'Recovery' is hope, a sense of control of one's life and social inclusion, all of which can be achieved through employment.

**“Having a job is a vital part of Recovery; it gives a sense of satisfaction that can't be gained from any clinical intervention”
(Consultant Psychiatrist, East Sussex)**

Considerable research has been undertaken into the role that employment plays in recovery and the positive results are clear.

Appropriate employment is good for mental health and worklessness is detrimental to mental health.

Contrary to popular belief, there is no evidence that work is harmful to the mental health of people with serious mental health conditions.³

Professor Bob Drake has researched the role of employment in the recovery of people with severe and enduring mental illness for many years and his conclusions are unequivocal

“In following people for 30 years and then following patients who are in dozens and dozens of research studies that are sent around, it’s totally clear to me at this point that there’s nothing about medications or psychotherapies or rehabilitation programs or case management programs or any of the other things that we study that helps people to recover in the same way that supported employment does.”⁴

“Knowing what I know now, I realise that work can have a stabilising effect on my condition and wellbeing” Client, East Sussex Vocational Service.

Employment rates of those with severe mental health conditions are very low in the UK

Despite mounting awareness that employment plays an important role in recovery, unemployment rates are exceptionally high in those with mental health conditions.

The Labour Force Survey Q4 2010 reveals that only around 13-14% of those with mental illness and nervous disorders are in work.⁵

These figures are unfortunate but not unexpected. Returning to work is not an easy process for someone who suffers a mental health condition and the longer they are out of work; the harder it is to return to work.

After six months absence there is only a 50% likelihood of an individual returning to work. At 12 months this falls to 25% and after two years the chance of a return is practically nil.⁶

People with severe mental health conditions have significant barriers to overcome when returning to work such as disclosing mental health issues and navigating the benefits system.

Evidence shows that they are most likely to be successful when assisted by a supported employment service.

“I’d refer anyone to an Employment Specialist, regardless of what I thought their work chances were, because the Employment Specialist always surprises me by getting people to work who I thought couldn’t” (Care Coordinator, West Sussex)

People with severe mental health conditions want to work

Despite the very real situation that employment rates are low amongst those with mental illness, research has determined that at least 70% of NHS Trust mental health clients want to work and can work.⁷

The 2011 Survey of People Who Use Community Mental Health Services, published by the Care Quality Commission, found that 43% who wanted support to find or keep work had not received help to do so from anyone in NHS Mental Services in the past year. This substantiates the need for an integrated Supported Employment service within NHS Mental Services.⁸

In the ‘Realising Ambitions: Better employment support for people with a mental health condition’ review to government in 2009, the benefits of employment were recognised as providing individuals with a purpose and meaning, a means of organising and utilising time, a status in society with contacts and social support, a way to be socially included, contributing to the community and ultimately an income and resources to raise individuals and their families out of poverty.⁹

The Mental Health service should play a role to help individuals overcome their disability to meet their aspirations for recovery and a fulfilling life.

Changes to the benefits system

The Work Capability Assessment has resulted in many people with mental health conditions finding themselves no longer eligible for their incapacity benefits or ESA and having to look for work.

A supported employment service is needed not only to assist those that actively want to return to work but also those with mental health disabilities that are being encouraged to work due to the changes in the benefits system.

Working in partnership with other Supported Employment Provision

The Evidence Based IPS Model provides an individually tailored approach, offering a personalised service working within the community as well as being based within Specialist Mental Health Teams.

There is a gap in current service provision for Supported Employment in this client group principally a consequence of accessibility issues and the need for specialist support.

To access disability services one has to have disability benefits – not everyone using mental health services will have claimed them.

Individuals with a severe and enduring mental health condition may have a fear of returning to work and need a level of support which cannot be provided by current programmes.

There is considerable evidence that IPS is the most effective way to support those with mental health issues as it can provide a more intensive level of support.

Intensive employment support reduces the cost placed on mental health services

The combined health and social care costs of mental health problems was £21.3 billion for 2009/2010.¹⁰

Research has proven that the costs of mental health services can be reduced by half when people with severe mental health problems are supported into mainstream employment.

A US study found that mental health service costs over a 10-year period were 50% lower for people supported into regular employment than among other groups¹¹

A multi-site European trial has established that people with severe and long-term mental health problems who are given intensive support to return to the workplace report fewer and shorter subsequent hospital stays than people receiving usual mental health services.¹²

Several other studies have found a reduction in mental health treatment costs as well as hospitalisation and emergency admissions.^{13 14 15}

These pieces of research demonstrate the positive financial impact supported employment services have on the long term costs of mental health services.



The government has committed to support those with mental health conditions into employment

During 2011 the Department of Health committed to:

- *“enhance the quality of life for people with long term mental health conditions”* (No Health without Mental Health)
- *“measure the rate of employment of people with mental illness”* The NHS Outcomes Framework
- *“measure the proportion of adults in contact with secondary mental health services in employment”* The Public Health Outcomes Framework



Why are IPS services the best way to support people with severe mental health conditions to return to work?

Over the last 20 years international research has evaluated alternative methods of helping people with severe and enduring mental health conditions to return to work.

The results have been startlingly consistent. Again and again **Individual Placement and Support (IPS)** demonstrates itself as being the most effective means for helping people with mental health conditions back into work.

In one study 312 participants in Europe were randomly assigned to either IPS or Standard Vocational Services (SVS) with equal sample groups and were followed up 18 months later, Burns et al (2007).⁹

- IPS gained more employment outcomes than other vocational services (55% vs. 28%)
- IPS participants were more likely to sustain jobs for longer
- SVS saw clients more likely to drop out and be re-admitted to hospital
- Employment did not cause relapse or any other detrimental effects

A review of Randomized Control Trials, conducted by Becker, Bond and Drake (2008) and based on 11 services using high fidelity IPS, concluded that IPS was the most effective intervention for individuals with mental health issues demonstrating a 61% employment rate for those using IPS compared to 23% in control groups.¹⁶

What is the IPS approach?

An IPS Service is a personalised employment service that is integrated into the community mental health team. Its objective is to help people with severe and mental health conditions, who want to work, into competitive sustainable jobs.

This evidence-based service adheres to 8 key principles.

These principles include:

- Focus of competitive employment as primary goal.
- Eligibility based on individual choice – everyone who wants it is eligible.
- Job search is consistent with the individual's preference.
- Rapid job search with minimal pre vocational training.
- Integrated Healthcare – Employment Specialists are embedded within mental health teams.
- Access to benefits advice.
- Ongoing support.
- Employer engagement.

How does IPS work?

A mental health care client is referred by their treating team or can self-refer to the IPS service.

An allocated Employment Specialist works with the community mental health team and the client to prepare the client for work.

The Employment Specialist works actively with the client to find and secure them work.

When the client receives a job offer the Employment Specialist helps them to decide whether to disclose their diagnosis and negotiate readjustments with the employer.

Once in work, the Employment Specialist supports the employer and the client to

maintain a mutually beneficial relationship for as long as they feel that they need support.

If the client later decides to change jobs and wants assistance, the Employment Specialist supports them again through the process.

The Employment Specialists that work in the IPS service are key members of the Community Mental Health Care Teams.

They have access to monitor and update medical records in the same way other members do.

“If I had known that my new work place could be as supportive as this, I would have returned to work years ago.” (Client, East Sussex)

Where can IPS be implemented?

IPS can be used in Community Mental Health Teams, Early Intervention Teams and Forensic teams.

“The Employment Specialist has filled a crucial gap I didn't realise was there” (Care Coordinator, Brighton & Hove)

Who provides the IPS service?

The IPS service can be provided by employees within the NHS Trust or by an external service provider.

In the UK many of the IPS services are provided by 'not for profit' organisations integrated into the NHS community mental health team.

Other sources of income can help part-fund a supported employment service

Core funding is required for a supported employment service, however, once it is established there may be opportunities for part-funding a supported employment service through programmes such as Right to Control - Work Choice schemes, Work Programme, Social and health care personalised budgets, Access to Work.

The Effectiveness of the Individual Placement and Support Model

Research in Sussex conducted by the Centre of Mental Health has found that 60% more people with serious mental health problems were helped back into work using IPS than would have been achieved if the programme was not in place.

Once an IPS service is operating with fidelity to the model it should be able to achieve employment outcomes of around 50-60%

“I didn’t realise just how much we needed it and it would be a huge loss if it wasn’t there any more” Care Coordinator

What is the current situation in the UK?

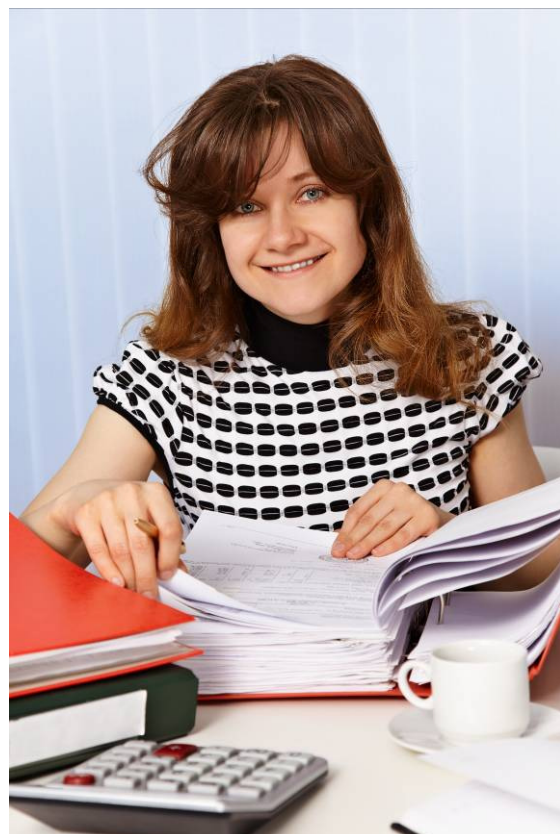
In the UK several trailblazers now have established supported employment services integrated into their secondary care mental health services.

These NHS Trusts and their partners have demonstrated that they are able to effectively support people with severe mental health conditions into sustainable employment, reducing the impact of that individual on secondary care services.

How do we measure the success of our IPS service?

Fidelity

High quality can be ensured by using the detailed Supported Employment Fidelity Scale and only services using this should be commissioned. Services are scored against 25 factors to determine fidelity to the principles of the IPS Model.



Conclusion

Individuals with Mental Health needs have the highest unemployment rates of all disability groups but also the highest 'want to work' rates. This disparity indicates that there is a need for an evidence based Supported Employment Model to support and enable individuals to fulfil their aspirations and needs through meaningful work. The benefits of work on physical and mental wellbeing are well documented and employment is fast being adopted as an essential psychosocial intervention within an individual's 'Recovery Journey.' Employment is identified as not only meeting the principles of Recovery but is also a performance target on NHS National Outcomes Framework, Public Health Outcomes and the government policy documents of 'No Health without Mental Health.'

There is overwhelming evidence of the effectiveness of the IPS Model. The majority of empirical evidence, including 15 randomized control trials, has concluded that the IPS Model of Supported Employment in a number of countries is the only successful model in gaining and retaining employment for individuals with mental health needs.

The National implementation of such a model would also significantly impact the social and economic costs of mental health needs. There are proven long term cost benefits of improvements in an individual's mental health and a subsequent reduction in reliance on health services and reduced rates of GP consultation.

There will also be a reduction in claims for health related benefits, of which mental health is currently the largest claimant group.

The Centre of Mental Health can be drawn upon for advice and support. There is an 'IPS Excellence' programme within the Centre that is able to provide strategic advice and guidance to those wishing to implement an IPS service. Existing providers would also be able to provide practical support, share best practice, as well as considering approaches for direct commissioning.



Case Study: East Sussex

Kate Dawson Commissioner of the East Sussex Supported Employment Service:

I have worked in mental health services for many years and am passionate in my belief in the centrality of high quality, flexible day and vocational services for people with mental health problems. I would argue that without such services it is difficult, and sometimes impossible, for people who have struggled with mental health problems to recreate their lives in a way which provides meaning, purpose and fulfillment. To feel mentally well we all need to feel stimulated and valued. The evidence is clear in demonstrating the importance of paid employment in this regard.

When I took up the position as Head of Mental Health Commissioning for East Sussex County Council, one of the key objectives I set to was to develop and commission services that would truly support the concept of recovery. It was my belief that in order to achieve this, the process of service change itself needed to model the principles of recovery.

Changing and developing services, and particularly day services which many people have been dependent upon for years, is challenging. It was vital that this was well planned from beginning to end. My vision was to create services across the county that were dynamic and creative, offering real opportunities for recovery. I felt it was important for services to be embedded within local communities, accessing and enhancing what those communities have to offer. In order to achieve maximum synergy I wanted to develop a culture of cooperation and partnership between providers, providers and commissioners and with service users. To achieve this we:

- *commissioned an external body, with a strong service user pedigree, to review our provision and make recommendations for service redesign based on best practice*
- *worked together, as partners, with a team of experts by experience through out the whole redesign and commissioning process*
- *engaged stakeholders at an early stage, in particular County Council elected members*
- *were visible, transparent and answerable to the local services facing change*
- *invested in the change management process and service user support through dedicated project staff and Peer Support Specialists*
- *time tabled a six month transition period*
- *established an on-going development forum to continue the process of service growth and change*
- *ensured service user influence was at the core of the recommissioning, change management and ongoing service development review process.*

Now we have made the change, the feedback from service users, which is the ultimate test, has been positive. An example is one long standing day service user who was very angry about the change, ultimately went on to say 'do you really mean I don't have to come to my day centre every day?' She has now reduced her days and is accessing activities in her local area. One of the experts by experience on the commissioning team has said that the process has given him the confidence to find work and has gone on to find paid employment.

For me the process is about finding the best way to help people make changes to their lives that they find positive and fulfilling, drawing on their own skills, strengths and talents.

In 2008 Southdown (Housing Association) was commissioned to provide specialist mental health employment services in Brighton & Hove. Southdown now provides Employment Services across Sussex using the evidence based Individual Placement and Support Model in the NHS Sussex Partnership Foundation Trust.

Southdown's Supported Employment Service has Employment Specialists embedded within mental health teams working according to the principles of IPS, ensured by regular fidelity reviews. Despite the very challenging economic climate, Southdown supports over 300 individuals across Sussex into paid employment each year, of which 72% are still sustained at 3 months.

A fundamental aspect of IPS is the integration of Employment Specialists within the Recovery Mental Health Teams, allowing for a multi-disciplined approach. A holistic support package can be provided allowing engagement with all levels of health professionals.

“Today we look at employment as much as medication and therapy” Care Coordinator.

Southdown works in partnership with the Sussex Partnership Foundation Trust and has established links with a wide range of agencies and employers across Sussex. The service works alongside the Department of Work and Pensions (DWP) provision of Work Programme and Work Choice to avoid duplication and ensure the appropriate level of support.

These relationships take time to build and in the 3 years of developing them, outcomes have improved consistently.

The service has had to promote the positive effects of returning to work to clinicians and clients alike as well as demystifying and challenging preconceptions.

For instance, 100% of those who received a return to work benefits calculation from the service have been financially better off when returning to work.

The service is flexible and adapts to meet clients' needs, tailoring the support by offering a personalised service with meetings held at various times, including out of office hours meetings in clinical and community settings.

Southdown has conducted research on the impact of its services on the health and wellbeing of clients. The evidence shows that there are wide-ranging benefits.¹⁵

The Supported Employment service in Sussex run by Southdown has consistently proven that IPS is the most effective way to support individuals with Mental Health issues into employment and could be a valuable resource to other providers wishing to implement such a service.

**“I owe the service a great deal, I certainly wouldn't have gotten this far without them and I would like to take this opportunity to thank Southdown.”
(Service User, West Sussex)**

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Brendan McLoughlin, Lead for the London Mental Health Models of Care Implementation Project

Ed Gillam, Team Manager, Somerset Partnership NHS Foundation Trust

References and links

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Visit an IPS Trailblazer site:
<http://www.southdownhousing.org/supportedemployment/index.cfm>

Visit the Centre for Mental Health's Employment site:
<http://www.centreformentalhealth.org.uk/employment/index.aspx>

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