

THE EVIDENCE FOR IPS

Introduction

Research studies

The number of studies showing IPS effectiveness across many countries and continents continues to grow.

IPS has demonstrated higher number of job outcomes than alternative approaches to supported employment and produces a good return on investment because people helped into work tend to have lower use of state support and mental health services in subsequent years.

Randomised Control Trials

RCTs

Randomised Controlled Trials (RCTs) are the 'gold standard' in establishing research evidence for whether something works.

IPS is by far the most carefully researched of all vocational models and one of the most researched of all health interventions for people with mental illness.

There have been 28 RCTs of IPS for people with serious mental illness. These IPS services in these studies had a fidelity score to ensure that the intervention was really IPS.

Study Characteristics for IPS within mental health services

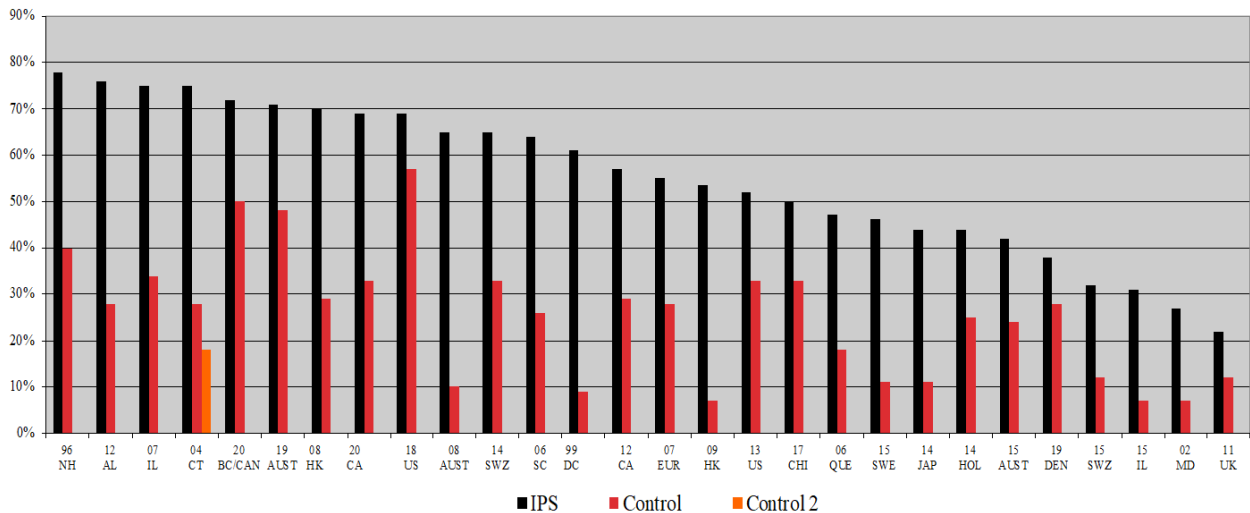
The IPS Works Center in USA lists the characteristics of the 28 Trials

First Author/ Year Published	Study Site Location	Control Condition	Months Follow-up	N (IPS)	N (Ctl)	Study Population & Salient Eligibility Criteria
Drake 1996	Manchester & Concord, NH	Skills training, nonintegrated	18	73	67	CMHC clients
Drake 1999	Washington, DC	Enhanced Vocational Rehab	18	74	76	Case management program clients
Lehman 2002	Baltimore, MD	PSR	24	113	106	CMHC clients, including those without voc goals
Mueser 2004	Hartford, CT	(1) Brokered SE; (2) PSR	24	68	136	CMHC clients
Gold 2006	Rural SC	Sheltered workshop	24	66	77	CMHC clients
Latimer 2006	Montréal, Québec	Traditional vocational services	12	75	74	Clients receiving mental health services
Bond 2007	Chicago, IL	Diversified placement approach	24	92	95	New admissions to PSR agency
Burns 2007	6 cities in Europe	Traditional vocational services	18	156	156	Clients receiving mental health services
Wong 2008	Hong Kong	VR referral	18	46	45	Hospital and community referrals
Killackey 2008	Melbourne, Australia	Traditional vocational services	6	20	21	Early psychosis program
Tsang 2009	Hong Kong	Traditional vocational rehab	15	56	55	Community mental health programs
Heslin 2011	London, UK	Usual Care	24	93	95	CMHC clients
Twamley 2012	San Diego, CA	VR referral	12	30	28	Middle aged and older adults (45 and older)
Davis 2012	Tuscaloosa, Alabama	Transitional work program	12	42	43	Unemployed veterans with PTSD
Drake 2013	23 sites in US	No additional services	24	1004	1051	SSDI recipients
Oshima 2014	Tokyo, Japan	Usual care	6	18	19	High need and frequently hospitalized clients
Michon 2014	4 cities in Holland	Traditional vocational services	30	71	80	Clients receiving mental health services
Hoffmann 2014	Bern, Switzerland	Traditional vocational rehab	60	46	54	Referrals from Bern University Hospital of Psychiatry
Waghorn 2014	3 Australian communities	Referral to disability system	12	106	102	Clients receiving mental health services
Björholm 2015	Malmö, Sweden	Traditional vocational rehab	18	41	46	Outpatients referred from mental health treatment teams
Bond 2015	Chicago, IL	Job club adaptation	12	43	44	Mental health clients with justice involvement
Viening 2015	Zurich, Switzerland	No additional services	24	127	121	Disability pensioners with mental illness
Zhang 2017	Wuxi, China	Traditional vocational services	15	54	54	Hospital outpatients with schizophrenia
Davis 2018	12 sites in US	Transitional work program	18	271	270	Unemployed veterans with PTSD
Killackey 2019	Australia	Traditional vocational services	6	67	59	Early psychosis program
Christensen 2019	3 cities in Denmark	Job centers	18	243	239	Early psychosis programs + CMHCs
Nuechterlein 2020	Los Angeles, CA	VR referral	18	36	15	Psychiatric hospitals and clinics + university outpatient
Erickson 2020	British Columbia, Canada	Treatment as usual	12	56	53	Early psychosis program

Summary statistics for the RCTs of IPS

- 12 studies from USA
- 16 outside USA
- 17 out of 28 studies had minimum 18-months follow-up time
- Total enrolment = 6,468 participants
- Participants mainly recruited from within community mental health teams

Competitive employment rates in 28 Randomised Controlled Trials of IPS



Bond 2020 from: <https://ipsworks.org/index.php/evidence-for-ips/>

This graph shows outcomes from trials of IPS versus traditional supported employment methods.

The percentage gaining work is shown from the control group (red bar) and an IPS cohort (black). Clients interested in work were randomly selected for either IPS or the alternative – usually the traditional form of employment support offered.

In the fourth column, CT study, Connecticut there were 2 controls:

1. Brokered supported employment
2. PSR (psychosocial rehabilitation)

The UK was involved in the 2007 European Study and 2011 UK study.

Findings

IPS performed better

In 27 of the 28 studies IPS achieved significantly higher outcomes over the alternative. The exception was the study in Wuxi, China (2017). On the graph China appears to get a better outcome than Denmark (2019) but in fact the difference is not quite *statistically significant* because the number of people in the Denmark trial was almost five times higher than that of the China trial. Therefore, the outcome in China could possibly be affected positively by an element of chance.

Additional benefits gained through IPS

Additional research* undertaken on IPS shows:

- Fewer hospital admissions and quicker recovery (Bond and Kukla 2011; Burns 2007; Becker 2007; Luciano 2014)

- ⦿ Adhering to the principles of IPS (fidelity to the model) is a key factor in ensuring success of the programmes (Burns 2007; Lockett 2016)
- ⦿ IPS is effective in first episode psychosis (Bond 2015)
- ⦿ Local economic factors did not change conclusions (Modini 2016)

*See appendix for references

IPS for other health conditions

International trials

Randomised controlled trials, programme evaluations and pilots are taking place in several countries with groups in primary care (common mental health problems), those with musculoskeletal health problems or involvement in drug treatment or the criminal justice system.

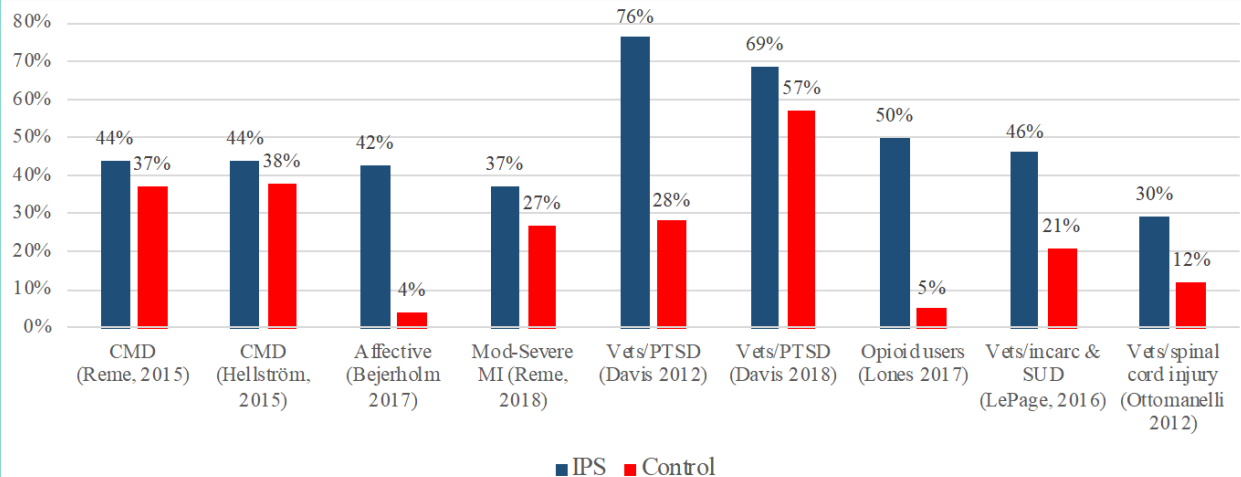
	Condition	Country	Investigator	Type of Study
Psychiatric Disorders	Affective disorder	Sweden	Bejerholm (2017)	RCT
	Common mental disorder	Denmark	Hellstrom (2017)	RCT
	Common mental disorder	Norway	Reme (2015)	RCT
	Borderline personality disorder	Australia	Chanen (in progress)	RCT
	Vets/PTSD	US	Davis (2012)	RCT
	Vets/PTSD	US	Davis (2018)	RCT
Musculoskeletal	Vets/spinal cord injury	US	Ottomanelli (2012)	RCT
	Chronic pain	Norway	Rødevand (2017)	pilot
	Chronic pain	Norway	Linnemørken (2018)	RCT
Substance Use	Opioid users	US	Lones (2017)	RCT
	Alcohol and drug use	UK	Marsden (in progress)	RCT
Criminal Justice	Justice involvement	US	Bond (2015)	RCT
	Incarcerated vets w/substance use	US	LePage (2016)	RCT
Welfare to Work	People on welfare	Australia	Parletta (2017)	prog eval
	TANF clients	US	Chandler (2017)	prog eval
	Young adults on disability	Norway	Sveinsdottir (2016)	RCT

PTSD = Post traumatic stress disorder

Vets = Veterans

TANF = Temp Assistance for Needy Families (USA)

Competitive Employment Rates in Controlled Studies of IPS in Other Populations (Bond et al., 2019)



CMD = common mental disorder; Mod = Moderate; PTSD = posttraumatic stress disorder; SUD = substance use disorder

IPS Services

Across the world

There are almost 700 IPS programmes outside USA. IPS has spread from USA to England, Scotland, Wales and:

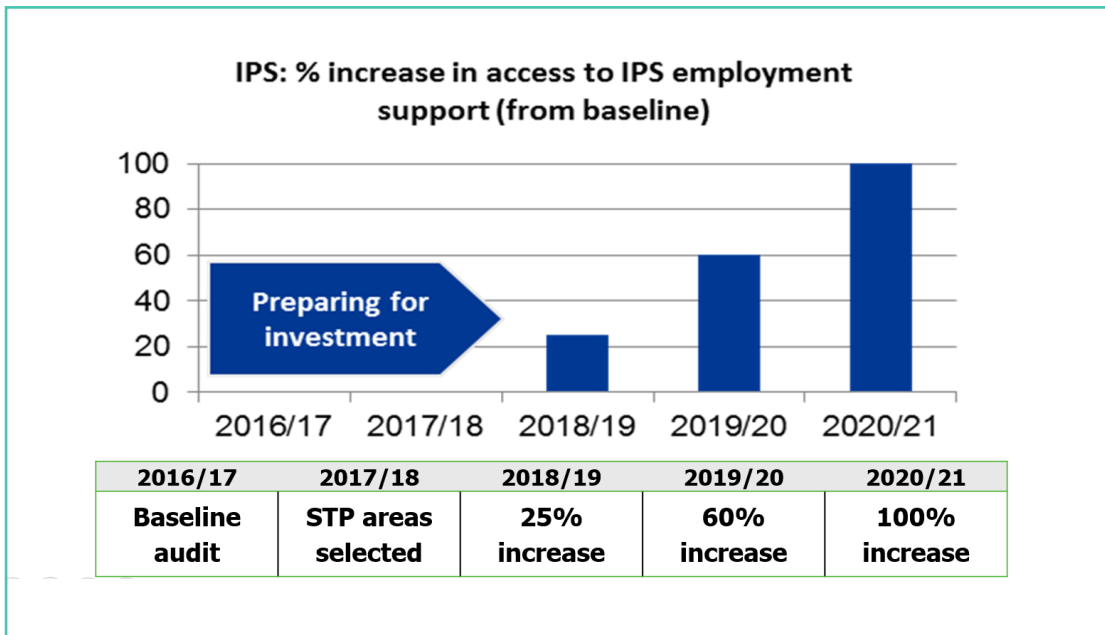
Australia	France	The Netherlands
Belgium	Germany	New Zealand
Canada	Ireland	Norway
China	Iceland	Spain
Czech Republic	Italy	Sweden
Denmark	Japan	Switzerland

Scaling up in England

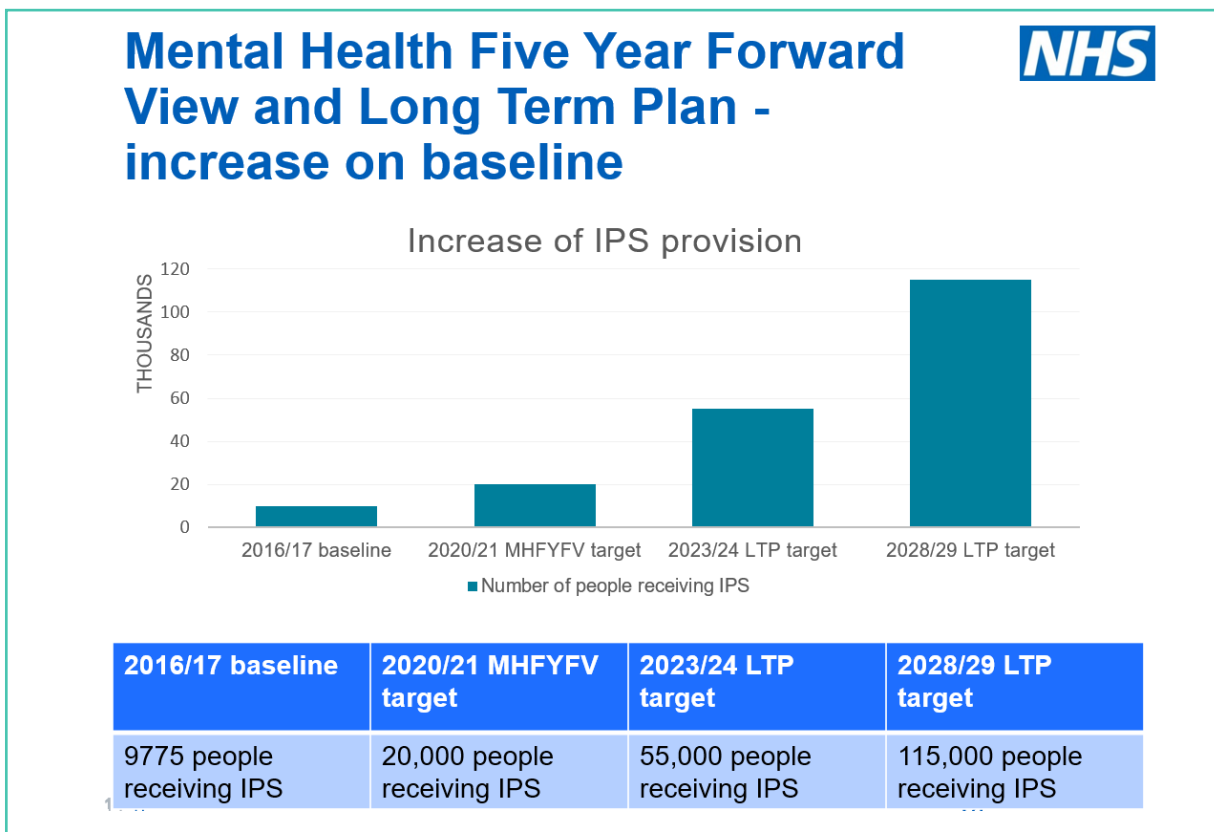
NHS Policy

In 2016-17 NHS England funded an exercise to count how many individuals in England with serious mental illness were receiving an IPS service – i.e. the number of places. Where services had never received an independent fidelity review, it was impossible to judge the quality of the service, and whether it was true IPS, but the estimate was that there were 10,000 places.

Government policy (described in the Mental Health Five Year Forward View) sought to double this number of places over the next three years – i.e. to increase by 100% in three steps.



The exciting news from the NHS England Long Term Plan was that the number of places would be doubled and redoubled to a proposed 115,000 IPS places in 2029.



This large investment of mental health funding has been achieved through the application of the evidence for IPS, going back to its early beginnings, 25 years ago.

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