

Making the Case for IPS Supported Employment

For most people with a mental illness, employment is part of their recovery.

Most people with severe mental illness want to work. Approximately 2 of every 3 people with mental illness are interested in competitive employment,¹⁻⁸ but less than 15% are employed.^{9-12,}

Individual Placement and Support (IPS) supported employment is evidence-based.

IPS helps people join the competitive labor market.^{13,14} IPS is three times more effective than other vocational approaches in helping people with mental illness to work competitively.¹⁵⁻¹⁸ IPS has been found effective for numerous populations in which it has been tried, including people with many different diagnoses, educational levels, and prior work histories;¹⁹ long-term Social Security beneficiaries,²⁰ young adults,^{21,22} older adults,²³ veterans with post-traumatic stress disorder²⁴ or spinal cord injury;²⁵ and people with co-occurring mental illness and substance use disorders.²⁶ To date, we have not discovered a subgroup for which IPS has not been effective.

IPS is cost-effective.

Severe mental illness is a leading contributor to the global burden of disease^{27,28} and constitutes the largest and fastest growing group of beneficiaries in Social Security disability programs.^{29,30} Once on the disability rolls, less than 1% of beneficiaries per year move off of benefits to return to work.³¹⁻³³ By helping people with mental illness gain employment, especially young adults experiencing early psychosis, IPS can help forestall entry into the disability system and reduce Social Security expenditures.³⁴⁻³⁸

IPS is an excellent investment, with an annual cost of \$5500 per client in 2012 dollars.^{39,40} Most clients enrolled in IPS receive more mental health services than IPS services.⁴¹⁻⁴³ IPS is cost-effective over the long term when mental health treatment costs are considered. Studies have found a reduction in community mental health treatment costs for people receiving supported employment services,⁴⁴⁻⁴⁸ and a reduction in psychiatric hospitalization days and emergency room usage by clients who receive supported employment.⁴⁹⁻⁵¹ Service agencies converting their day treatment programs to IPS have reduced service costs by 29%.⁴⁵

Over the long term, clients who return to work produce huge long-term savings in mental health treatment costs. A 10-year follow-up study of clients with co-occurring severe mental illness and substance abuse disorder found an average annual savings of over \$16,000 per client in mental health treatment costs for steady workers, compared to clients who remained out of the labor market.⁵²

IPS improves long-term well-being.

People who obtain competitive employment through IPS have increased income, improved self-esteem, improved quality of life, and reduced symptoms.^{49,53-55} Approximately 40% of clients who obtain a job with help from IPS become steady workers⁵⁶ and remain competitively employed a decade later.^{57,58}

IPS programs have a high rate of successful implementation and sustainability over time.

The IPS model is a common sense, practical intervention that appeals to clinicians, clients, and the general public.^{59,60} Quality of IPS implementation is measured using a

standardized fidelity scale.⁶¹ Programs ordinarily achieve high fidelity implementation within one year's time.⁶² High fidelity IPS programs have excellent competitive employment outcomes.^{63,64} IPS is relatively easy to implement with high fidelity, as shown in numerous implementation projects.^{20,42,62,65} With adequate funding, committed leadership, and fidelity monitoring,⁶⁶ multi-site projects have successfully implemented IPS in over 80% of programs adopting this approach. IPS has been successfully implemented in both urban and rural communities.^{67,68} Once implemented, most IPS programs continue indefinitely to offer quality services if adequate infrastructure remains in place. One study found 84% of 165 IPS programs implemented over the last decade were still providing services in 2012.⁶⁹

Most Americans with severe mental illness do not have access to IPS.

Despite the benefits of IPS, access to IPS is limited or unavailable in many communities. First the good news: the International Learning Community has grown to 138 programs in 14 states with two new international partners (Italy and the Netherlands).⁶⁹ But only 2.1% of clients with severe mental illness in the U.S. public mental health system received supported employment in 2009.⁷⁰ Similarly, during 2007, <1% of Medicaid patients with schizophrenia had an identifiable claim for supported employment.⁷¹ Wider access to IPS would benefit people with severe mental illness, their families, taxpayers, and the general public.

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