



IPS Research Update

Franco Mascayano

Division of Behavioral Health Services and Policy Research Columbia University

New York State Psychiatric Institute

franco.mascayano@nyspi.columbia.edu

Outline

Current research

- Summaries
- Long-term outcomes
- IPS and substance use
- Societal impact of IPS for young adults
- SEd for Students with psychiatric disabilities
- Understanding interventions and outcomes

New frontiers

- Overview
- Adaptations to IPS model
- New populations and settings
 - Mexico
 - SHIPS-homelessness
- Global IPS Network
- New IPS special issue

Conclusions

Current research

Summaries

Individual placement and support: History, current status, and future directions

¹Department of Psychiatry, Columbia University Vagelos College of Physicians and Surgeons, New York City, New York, USA

²Westat Corporation, Rockville, Maryland, USA

Correspondence

Robert E. Drake, MD, PhD, Westat Corporation, Wheeler Professional Park, 1 Oak Ridge Road, Building 3, Second Floor, Suite 2 West, West Lebanon, NH 03784, USA. Email: bobdrake1949@outlook.com

Funding information

Abstract

Over the past three decades, Individual Placement and Support (IPS) has emerged as a robust evidence-based approach to helping people with severe mental illnesses, such as schizophrenia, bipolar disorder, and major depression, to obtain and succeed in competitive employment. This review addresses the history, principles, research, and future directions of IPS. It covers current evidence on employment outcomes, costeffectiveness, and nonvocational outcomes. It also describes current attempts to extend IPS to new populations. The authors provide an overview of numerous systematic reviews and meta-analyses of randomized controlled trials involving people with serious mental illness. For studies addressing nonvocational outcomes and new populations, the review uses best available evidence. Published reviews agree that IPS enables patients with serious mental illness in high-income countries to succeed in competitive employment at a higher rate than patients who receive other vocational interventions. Within IPS programs, quality of implementation, measured by standardized fidelity scales, correlates with better outcomes. Employment itself leads to enhanced income, psychosocial outcomes, clinical improvements, and decreased mental health service use. As IPS steadily spreads to new populations and new settings, research is active across high-income countries and spreading slowly to middle-income countries. IPS is an evidence-based practice for people with serious mental illness in high-income countries. It shows promise to help other disability groups also, and emerging research aims to clarify adaptations and outcomes.

Extending Individual Placement and Support (IPS) to Underserved Populations

May 2024

Authors:

Robert Drake

Gary Bond

Lori Davis

Monirah Al-Abdulmunem

Finn Teach

Submitted to:

Department of Labor (DOL)

Office of Disability Employment Policy (ODEP)

Washington, D.C.

https://onlinelibrary.wiley.com/doi/full/10.1002/pcn5.122

https://www.dol.gov/sites/dolgov/files/ODEP/ASPIRE-Extending-IPS-ToUnderservedPopulations.pdf

Long-term outcomes

Research Article

30-Month Follow-Up of Individual Placement and Support (IPS) and Cognitive Remediation for People with Severe Mental Illness: Results from a Randomized Clinical Trial

Thomas Nordahl Christensen , ¹ Iben Gammelgård Wallstrøm, ² Elsebeth Stenager, ³ Lone Hellström, ¹ Anders Bo Bojesen, ¹ Merete Nordentoft, ^{1,4} and Lene Falgaard Eplov

Correspondence should be addressed to Thomas Nordahl Christensen; thomas.03.christensen@regionh.dk

Received 8 August 2022; Revised 27 November 2022; Accepted 21 March 2023; Published 28 April 2023

¹Copenhagen Research Centre for Mental Health, Mental Health Services, Copenhagen University Hospital, Copenhagen, Denmark

²Research Unit of Psychiatry, Institute of Clinical Research, University of Southern Denmark, Odense, Denmark

³Research Unit Mental Health, Children and Adult, Aabenraa, Department of Regional Health Research, University of Southern Denmark, Odense, Denmark

⁴Department of Clinical Medicine, University of Copenhagen, Copenhagen, Denmark

Long-term outcomes

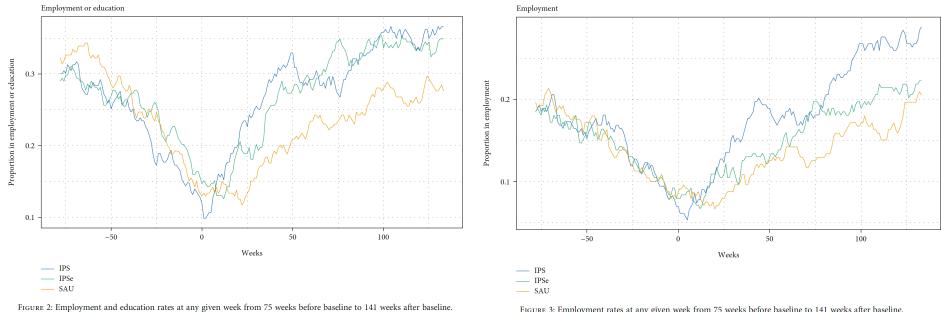


FIGURE 3: Employment rates at any given week from 75 weeks before baseline to 141 weeks after baseline.

IPS and substance use

Superiority and cost-effectiveness of Individual Placement and Support versus standard employment support for people with alcohol and drug dependence: a pragmatic, parallel-group, open-label, multicentre, randomised, controlled, phase 3 trial

John Marsden,^{a,b,*} Paul Anders,^b Claire Shaw,^b Chioma Amasiatu,^b Winnie Collate,^b Brian Eastwood,^b Patrick Horgan,^b Meetal Khetani,^b Jonathan Knight,^b Sandy Knight,^b Alexandra Melaugh,^b Helen Clark,^b and Jez Stannard^b

Summary

Background Individual Placement and Support (IPS) is a specialist intervention to help people attain employment in the open competitive labour market. IPS has been developed in severe mental illness and other disabilities, but it is of unknown effectiveness for people with alcohol and drug dependence. The Individual Placement and Support—Alcohol and Drug (IPS-AD) is the first superiority trial to evaluate effectiveness and cost-effectiveness.

^aAddictions Department, School of Academic Psychiatry, Institute of Psychiatry, Psychology and Neuroscience, King's College London, United Kingdom

^bDepartment of Health and Social Care, Addiction and Inclusion, Office for Health Improvement and Disparities, United Kingdom

IPS and substance use

 Large trial (n=1720) comparing treatment-as-usual versus IPS

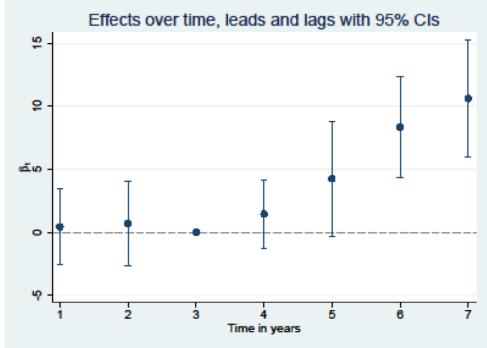
- <u>Better competitive employment rates</u> for IPS participants compared to individuals who used usual vocational services (30 percent versus 25 percent).
- Given the evidence, the NHS plans to fund several dozen additional IPS programs in substance use disorder treatment centers across the country.

Societal impact of IPS for young adults

The societal impact of individual placement and support implementation on employment outcomes for young adults receiving temporary health-related welfare benefits: a difference-in-differences study

Beate Brinchmann^{1,*} , Sina Wittlund^{1,2,3,*} , Thomas Lorentzen^{1,2} , Cathrine Moe^{1,4} , David McDaid⁵ , Eoin Killackey^{6,7} , Miles Rinaldi^{1,8,9} and Arnstein Mykletun^{1,9,3,10}





SEd for Students With Psychiatric Disabilities

Supported Education for Students With Psychiatric Disabilities: A Systematic Review of Effectiveness Studies From 2009 to 2021

Jacomijn Hofstra¹, Jorien van der Velde¹, Marianne Farkas², Lies Korevaar¹, and Svenja Büttner¹
Research and Innovation Center for Rehabilitation, Hanze University of Applied Sciences, Groningen
² Center for Psychiatric Rehabilitation, Sargent College of Health and Rehabilitation Sciences, Boston University

Objective: For more than a decade, an increase in psychiatric disabilities has been reported worldwide among students in postsecondary education. Supported Education (SEd) interventions support students with psychiatric disabilities to return to or remain in education. As not much is known about the effectiveness of SEd, we conducted a systematic review of the research on the effects of SEd on educational functioning, including study success and student satisfaction. Method: The EBSCOhost Complete browser (e.g., ERIC, MEDLINE, PsycARTICLES, PsycINFO, SocINDEX) was used to search for peer-reviewed studies representing effectiveness data on SEd published in English or Dutch/Flemish between 2009 and 2021. The quality of the research was assessed for all studies included. Results: A total number of seven studies were eligible. The results indicated a positive impact of SEd on the educational functioning (e.g., educational attainment, grade point average, comfort with the student role) of students with psychiatric disabilities. In addition, effects on time spent on educational activities, interpersonal skills, and sustained attention/vigilance were found. The quality of the studies appeared to be moderate. Conclusions and *Implications for Practice:* The limited available evidence suggests the added value of SEd interventions for the educational functioning of students with psychiatric disabilities. Reviewing the effectiveness of SEd was difficult due to differences in the SEd interventions used, the generally small research populations, and differing research designs. To improve the quality of research on this subject, future studies should overcome the identified shortcomings.

Table 1
General Summary of the Reviewed Studies

Authors (Year)	Country	Objectives	Design	Participants			Rigor scores ^b
				N^a	Age	Description	Overall mean
Ellison et al. (2018)	USA	Test the feasibility of the VetSEd and gain parameters of effect size to inform future studies	Pilot RCT	23 8 experiment 15 control	21–37	Veterans with posttraumatic stress disorder.	3
Gutman et al. (2009)	USA	Assess the effectiveness of the BP: an SEd service based on principles of OT	RCT	33 16 experiment 17 control	19–55	Adults with psychiatric disabilities (schizophrenia, schizo-affective or bipolar disorder, depression) who pursue educational and/or vocational training.	3
Kidd et al. (2014)	Canada	Examine the effectiveness of integrating CR within SEd compared with SEd without CR	RCT for effect of CR	37 19 experiment 18 control	23–45	College students with psychosis (schizophrenia, schizoaffective, bipolar, psychosis not otherwise specified).	3
Killackey et al. (2017)	Australia	Evaluate the feasibility and effectiveness of adapting IPS to SEd termed IPSEd	Pre-post test	19	15–19	Young people presenting first-time severe mental illness (mood, anxiety, personality, and psychotic disorder, ultra-high risk of psychotic disorder).	2
Robson et al. (2010)	Australia	Describe the implementation and initial outcomes from an SEd and supported employment program, termed IPS	Pre-post test	20	16–30	Mental health service users with psychotic or related disorders.	3
Schindler and Sauerwald (2013)	USA	Examine the outcomes of the first 4 years of the BP that incorporates principles of SEd and supported employment	Pre-post test	48	20–70	Adults with various mental health diagnoses (e.g., bipolar, schizophrenia, depressive disorder).	3
Schindler (2019)	USA	Describe the academic outcomes of an occupational therapy-based-SEd program	Pre-post test	80	18-50	University students with various diagnoses according to the Diagnostic and Statistical Manual of Mental Disorders (fifth edition).	3

Note. SEd = Supported Education; RCT = randomized controlled trial; BP = bridge program; OT = occupational therapy; CR = cognitive remediation; IPS = individual placement and support education; VetSEd=Veteran SEd treatment manual.

a Number of participants who participated until at least the first postmeasurement. b 1 = authors either did not address the indicators, or did not address them adequately; 2 = authors missed addressing the majority of indicators, or addressed the indicators inadequately; 3 = authors have either covered all of the indicators, but not adequately, or covered most of the indicators adequately; 4 = authors have addressed all indicators adequately.

Understanding interventions and outcomes



Understanding interventions and outcomes in supported employment and individual placement support: A qualitative evidence synthesis $^{\star, \, \star \, \star}$

Susan Baxter, Phd, MSc, MEd, BSc ^{a,*}, Jane Cullingworth, PhD ^d, Adam Whitworth, PhD, MSc, BA ^b, Katherine Runswick-Cole, PhD, MA, BSc, PGCE ^c, Mark Clowes, MSc, BA ^a

- ^a University of Sheffield, School for Health and Related Research, Regent Court, Regent Street, Sheffield, S14DA, UK
- b University of Strathclyde, 16 Richmond St, Glasgow, G11XQ, UK
- ^c University of Sheffield, School of Education, The Wave, 2 Whitham Road, Sheffield, S10 2AH, UK
- d University of Glasgow, School of Social and Political Sciences, University Avenue, Glasgow, G128QQ, UK

ARTICLE INFO

Keywords: Individual placement support Supported employment Employment support Disabled people Systematic review

ABSTRACT

Background: Economically developed economies continue to display large and long-standing disability employment gaps. Train-then-place activation models have traditionally dominated efforts to support non-working disabled people to gain employment but recently there has been increasing interest in place-then-train Supported Employment (SE) activation models.

Objective: Evidence regarding the effectiveness of SE approaches is growing. However, authors have called for greater understanding of the mechanisms underprinning these interventions. We therefore carried out a systematic review of qualitative research to understand the processes operating.

Methods: We carried out a systematic review of qualitative research around SE interventions carried out in developed countries since 2000 in any population excepting those with severe mental illness. We used thematic synthesis and looir modelline methods and assessed the quality of the body of literature.

Results: We identified and included 13 relevant source studies containing qualitative data. Key aspects of the programmes reported were the nature of the support, the employment advisor, and the type of employment. Influencing factors were client-related, employer and employment-related, programme-related, and system-related. Effects beyond the gaining of employment included a changed attitude to work, different outlook, increased skills and/or confidence. Suggested longer-term impacts were on health and wellbeing, financial security, independence, contribution to society and sense of belonging.

Conclusions: This review adds to the growing evidence regarding the value of SE interventions for disabled people. It adds insights regarding the key elements of the programmes, and suggests outcomes beyond the measures typically considered within quantitative studies.

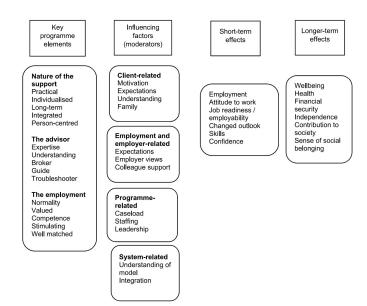


Fig. 2. Logic model summary of key themes derived from the literature.

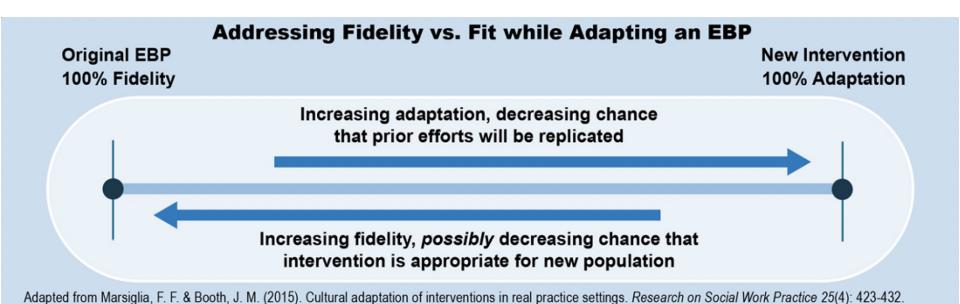
New frontiers

Overview

- Mechanisms of recovery
- Effects of employment on negative symptoms, cognition, medication use, brain changes
- Employer collaborations
- New populations
- New settings
- Adaptations

- Information Technology
- Quality assurance over time
- Service integration in different settings
- Adequate dose of IPS
- Help for non-responders
- Peer-provided IPS

Adaptations



https://journals.sagepub.com/doi/abs/10.1177/1049731514535989

https://doi.org/10.1177/1049731514535989

Adaptations

Administration and Policy in Mental Health and Mental Health Services Research https://doi.org/10.1007/s10488-023-01267-w

ORIGINAL ARTICLE

Examination of Adaptations to the Evidence Based Supported Employment Model: Individual Placement and Support

Accepted: 20 March 2023

© The Author(s), under exclusive licence to Springer Science+Business Media, LLC, part of Springer Nature 2023

Table 2 Typology of adaptations to IPS

Category of adaptation	Description of adaptation		
Adaptations to special populations within mental or behavioral health	Opioid addition/SUD		
	Young Adults with mental health conditions		
	Individuals with first episode schizophrenia (FES)		
	Sex offenders		
	Individuals with a trauma history or history of abuse		
	Latinx and Asian Americans with mental health conditions		
	Rural/Frontier individuals with mental health conditions		
	Transgendered individuals		
Adaptations to populations whose primary condition is not mental or behavioral	Deaf population		
health	Transitional Assistance to Needy Families-TANF recipients		
	Criminal Justice population		
	Homeless population		
	Tribal/Native Americans		
	Refugees		
Structural adaptations to IPS (including new team members, service components,	Addition of peer specialists to IPS team		
or training)	Addition of dedicated Benefits Counselor to IPS team		
	Addition of Supported Education principles and practices		
	Addition of State level training/certification/credentialling to deliver IPS (CARF/additional training for IPS provid- ers)		
	IPS added to other evidence-based intervention: ACT		
	Addition of WRAP for Work to IPS		
	Addition of Financial Incentives		
Adaptations to setting of IPS (including new service settings, geographical set-	Homeless Shelters		
tings)	Mobile IPS team		
	Rural/Frontier areas		
	Clubhouses		
	Residential programs		
	Transitional residences and homeless shelters		
	Mental Health Drop-In programs		
	SUD Recovery Residences		

Adaptations

Modification of the Individual Placement and Support Model of Supported Employment

Robert E. Drake, M.D., Ph.D., Gary R. Bond, Ph.D., Franco Mascayano, M.P.H.

Individual placement and support (IPS) is a robust evidence-based model of supported employment for people with mental health conditions that has been implemented in high-income countries. The model is now being extended to new populations and settings, often with modifications. Current evidence indicates that minor modifications may increase fit, major alterations of core principles generally reduce effectiveness, and augmentations have mixed

success. The authors recommend that those who implement IPS adhere to its core principles whenever possible, use standardized methods to document and assess modifications, and follow basic scientific procedures to develop, measure, and evaluate modifications before recommending policy changes.

Psychiatric Services 2023; 74:656-658; doi: 10.1176/appi.ps.20220484

New populations and settings





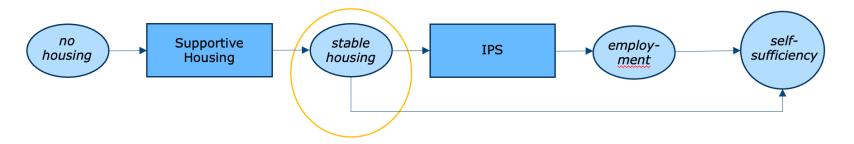
Guadalajara, Mexico

- Pilot RCT: individuals with psychosis receiving IPS versus usual care
- Close collaboration with CAISAME and Servicio Nacional de Empleo
 - Potential adaptations

New populations and settings

<u>SHIPS-Homelessness</u>: Improving the self-sufficiency of those recently homeless requires housing stability & employment.

Intervention: provide IPS in conjunction with supportive housing.



<u>Method</u>: RCT of 200 supportive housing clients: 100 to IPS, and 100 to usual services.

Hypothesis: Providing IPS in a Supportive Housing context will improve the employment outcomes and, ultimately, the self-sufficiency of those who receive these services in combination.

Global IPS Network

Global IPS research network



The goals of the global IPS research network

The **primary goal** of this research network is to set an agenda for research topics that facilitates the implementation and scaling up of IPS for different populations.

The **subgoals** of the Network are to:

- 1. Foster Research Collaboration: By forging and strengthening connections among researchers globally, we aim to stimulate collaborative endeavors that transcend disciplinary, regional, and cultural boundaries. We promote the inclusion of both early-career and senior investigators with different training backgrounds and experiences. We collaborate with individuals who use research to inform policy and clinical work such as policy makers and practitioners.
- 2. Promote Diverse Research Perspectives: Embracing the diversity of research perspectives, we are explicitly committed to embed the perspectives of people with lived experience and from marginalized communities (e.g., minoritized racial group membership, poverty, incarceration) in every aspect of research, from study design to outcome measurement and development.
- **3. Focus on Social Determinants of Health**: We advocate for a radical change that places human rights and social determinants of health at the forefront. We argue that employment

New IPS special issue

Special Issue: International Implementation of Individual Placement and Support

Guest Editor: Robert E. Drake

Introduction to the Special Issue on Individual Placement and Support (IPS) International

Robert E. Drake

Author Affiliations >

Drake, R. E. (2020). Introduction to the special issue on Individual Placement and Support (IPS) International. *Psychiatric Rehabilitation Journal*, *43*(1), 1. https://doi.org/10.1037/prj0000401

Abstract

Individual Placement and Support (IPS)-supported employment has spread rapidly around the world over the past 20 years. Contributing factors include person-centeredness, research, collaboration, and the International IPS Learning Community. This special issue on IPS International includes articles from 11 countries outside of the United States and a commentary from Deborah Becker and Gary Bond at the IPS Center.

Conclusions