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Individual placement and support (IPS): duration of employment support and equity of access and outcome in routine clinical practice

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BackgroundResults: Data breakdown

Work is central to well-being and recovery for people with mental health conditions. They often experience low employment rates despite recognizing its importance. Individual Placement and Support (IPS) is a manualized form of supported employment based on eight evidence-based principles. It's been shown to double employment rates compared to other vocational approaches. IPS is recommended within NICE guidelines, and employment support is a quality standard for mental health services.

Aims

- This paper had two main aims:**
- 1 - To explore limited access to IPS due to low employment specialist case-loads and time unlimited ongoing in-work support - anecdotal evidence suggesting many people no longer need support after a relatively short period
 - 2 - To explore the reach and effectiveness of IPS in routine clinical practice and issues of equity in access to IPS especially for those from Black and Asian minority ethnic communities

Methods

A retrospective analysis of routine cross-sectional administrative data from South west London and St George's Mental health NHS trust was performed for all people who had used the IPS services between 1 April 2022 and 31 March 2023, with a follow-up period until 27 February 2024. This data included demographic characteristics (age, gender, ethnicity), most recent diagnosis, date of first contact with IPS, date of outcomes achieved and the date of discharge from the IPS case-load. Data was compared between the IPS case-load and the adult community mental health teams case-load, and for those who gained employment versus those who remained unemployed.

Results: Overview

Key findings

4.3 months

Median time from first contact to gaining employment - with a majority gaining employment by 6 months.

4.8 months

Median time of in-work support recieved before being discharged from the IPS case-load - with only 6.2% requiring >12 months of in work support

84.7%

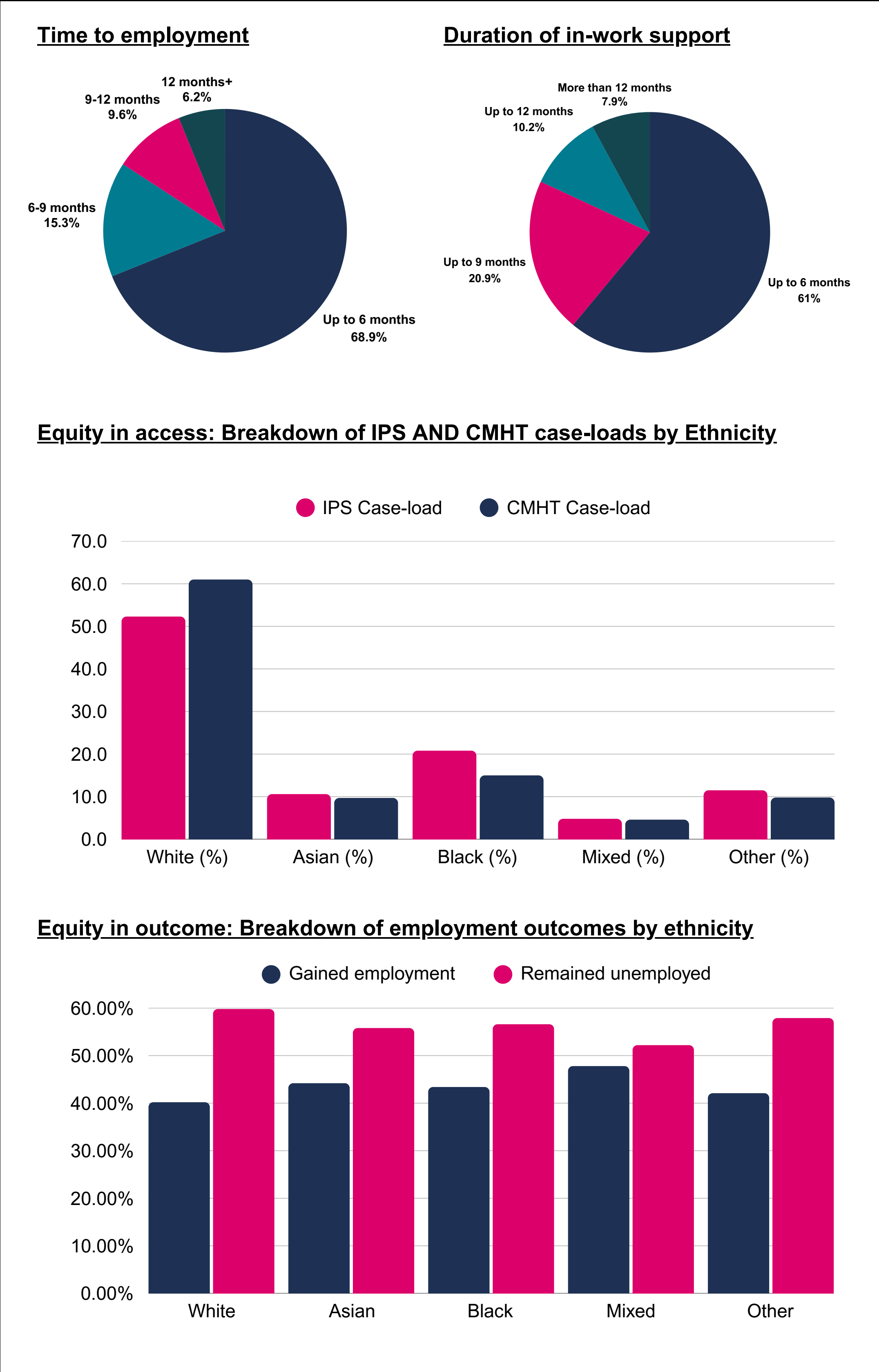
84.7% did not require time unlimited in-work support - with a majority only needing support up to 6 months.

Demographic data findings

This study found people from Black/Black British, Asian British, mixed and other ehtnic group backgrounds were overrepresented in accessing IPS.

There were no significant difference between demographic groups (by diagnosis, ethnicity, age and gender) in employment outcomes.

There being no significant difference in employment outcomes by diagnosis is encouraging as it demonstrates the effectiveness of IPS services for those with personality disorders and Schizophrenia/psychosis.



Conclusion

Efficient Support Duration: The finding that most IPS users did not need time-unlimited support challenges assumptions about long-term resource needs. Median in-work support was 4.8 months.

Equity in Access: Overrepresentation of Black/minority ethnic groups shows IPS effectively reaches diverse populations, addressing equity concerns.

Broad Service Reach: IPS reached 8.7% of the overall clinical caseload, indicating feasibility for integration within routine mental health services.

Equity in Outcomes: 47.8% of people from a mixed ethnic background, 44.2% from an Asian/Asian British background and 43.4% from a Black/Black British background gained employment, highlighting the effectiveness of IPS across different groups. Outcomes were also equitable across diagnoses - supporting the idea that IPS services support those with Schizophrenia/Psychosis or personality disorders in to meaningful employment

Implications for Services: The findings support optimism for community teams using integrated IPS to help people achieve employment goals and also be confident of the effectiveness of services across demographic groups.

References

Rinaldi, M., Perkins, R., Baxter, R., Dorrington, P. and Saville, K. (2024). Individual placement and support (IPS): duration of employment support and equity of access and outcome in routine clinical practice. BJPsych Bulletin, pp.1–8. doi:https://doi.org/10.1192/bjb.2024.68.