

IPS Research Update

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Agenda

- ▶ Why Employment Matters
- ▶ IPS Overview
- ▶ Evidence from RCTs
- ▶ Cost-Effectiveness
- ▶ Implementation & Adaptation
- ▶ New Research & Future Directions

Why Employment Matters

A New Paradigm for Mental Health

- Most people with mental health challenges want to work (60%)
- Employment is a civil and human right
- Work is a key part of recovery
- Being productive is a basic human need
- In most societies, work defines the typical adult role
- Employment can be a path out of poverty
- Working may prevent entry into the disability system

A New Paradigm for Mental Health

“ —————
To work and to love
————— ”

Realistic, meaningful goals that support flourishing beyond symptom reduction.

IPS Overview

Individual Placement and Support - IPS

Evidence-Based Supported Employment Model Developed by
Deborah Becker and Robert Drake A Working Life (1993)



Debbie Becker



Bob Drake

IPS Principles



Positive Impact of Competitive Employment

Key Mental Health Benefits

- Improved self-esteem and symptom control
- Greater community integration and social relationships
- Reduced reliance on mental health services
- Enhanced recovery through meaningful activity

System-Level Benefits

- Reduces stigma through workplace inclusion
- Strengthens communities and local economies
- Improves service integration and reduces dropout

Negative Impact of Job Loss and Extended Unemployment

The Far-Reaching Impact of Job Loss

- Job loss is a disruptive life event with long-term consequences.
- Effects extend beyond income loss to health, identity, family, and community.

Economic Consequences

- Long-term earnings losses (up to 20% lifetime)
- Lower job quality (fewer benefits, less autonomy)
- Increased part-time and unstable employment

Negative Impact of Job Loss and Extended Unemployment



Negative Impact of Job Loss and Extended Unemployment

- Community-level job loss affects peer outcomes and school performance

Disproportionate Impacts of Job Loss

- Job loss affects all workers—but **women and minorities** face unique and amplified risks.
- Effects extend to economic, psychological, and intergenerational outcomes.

Negative Impact of Job Loss and Extended Unemployment

Psychological & Social Impacts

- Increased depression, anxiety, and stress
- Loss of self-esteem, purpose, and social identity
- Stigma and internalized blame, especially in low-unemployment contexts
- Reemployment helps—but does not fully reverse these effects

Physical Health Effects

- Cardiovascular disease
- Hospitalization
- Mortality

Unemployment and Disability Benefits

- SSDI Saves Lives
- Among low-income recipients, SSDI income reduces mortality
- Some People on SSDI choose not to go back to work
- People Make Rational Decisions About Benefits

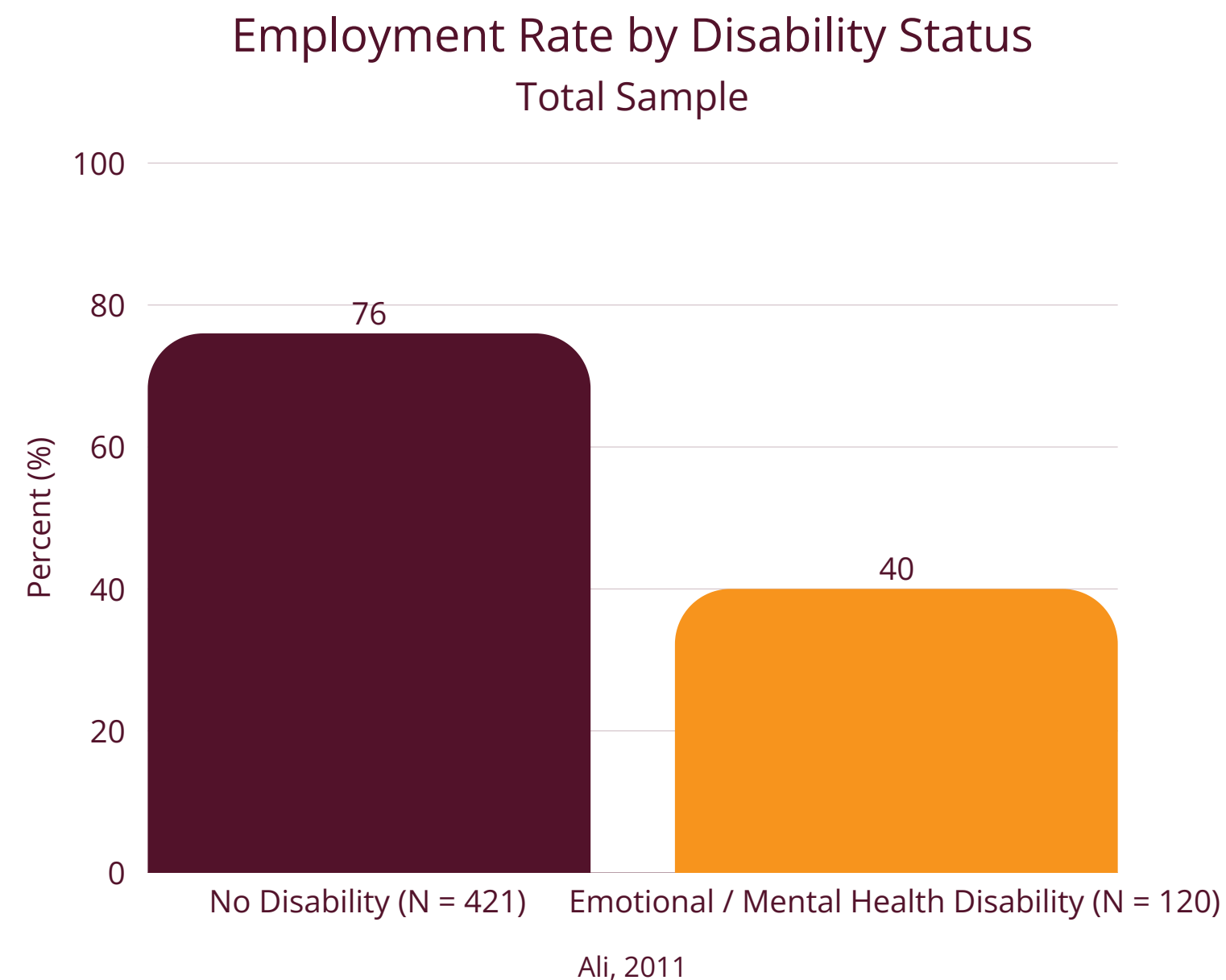
Benefits counseling
is essential—most
people can work
while receiving SSDI

Do Non-Employed People with Disabilities Want to Work?

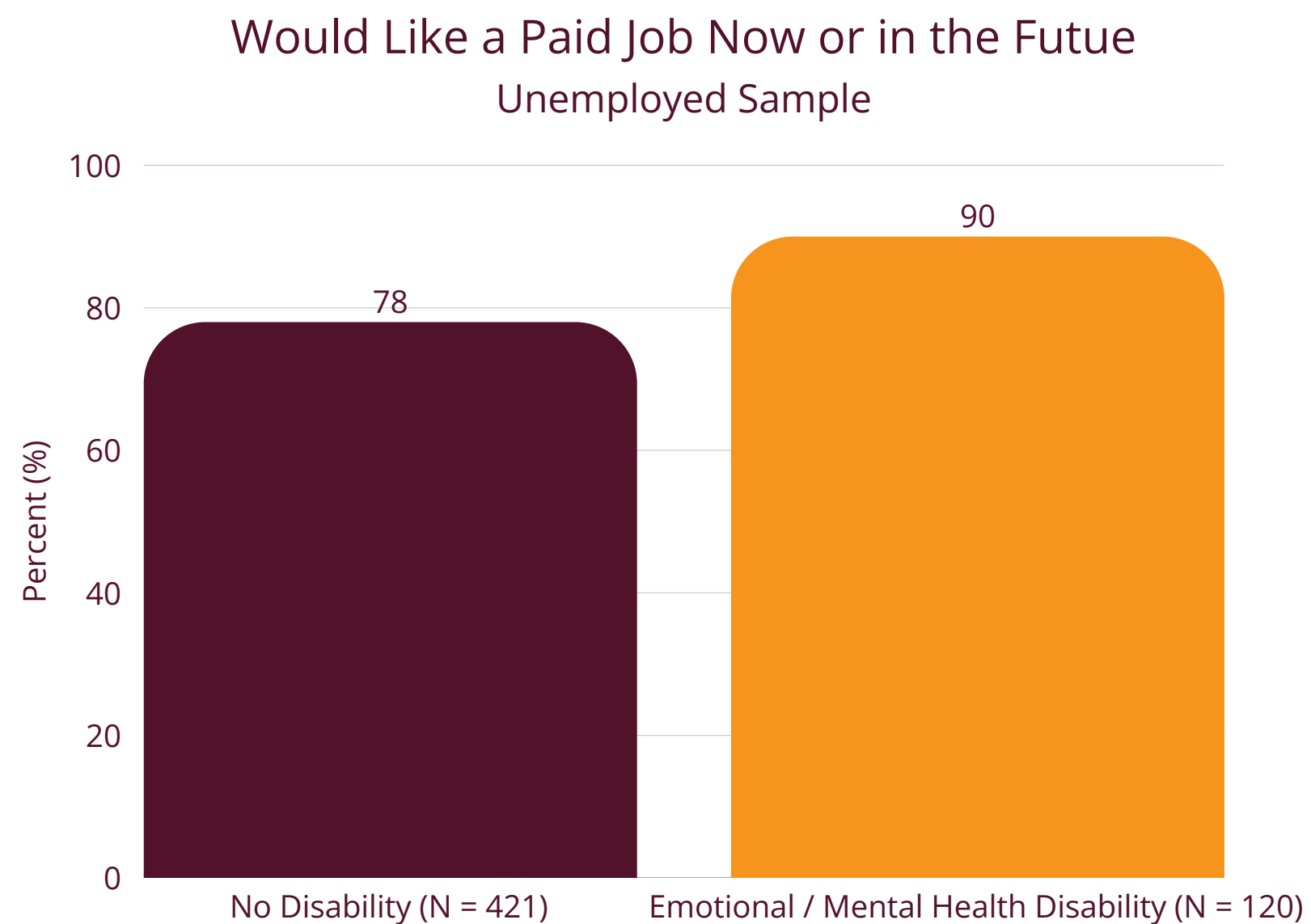
YES

They are as likely as non-disabled peers to want a job.

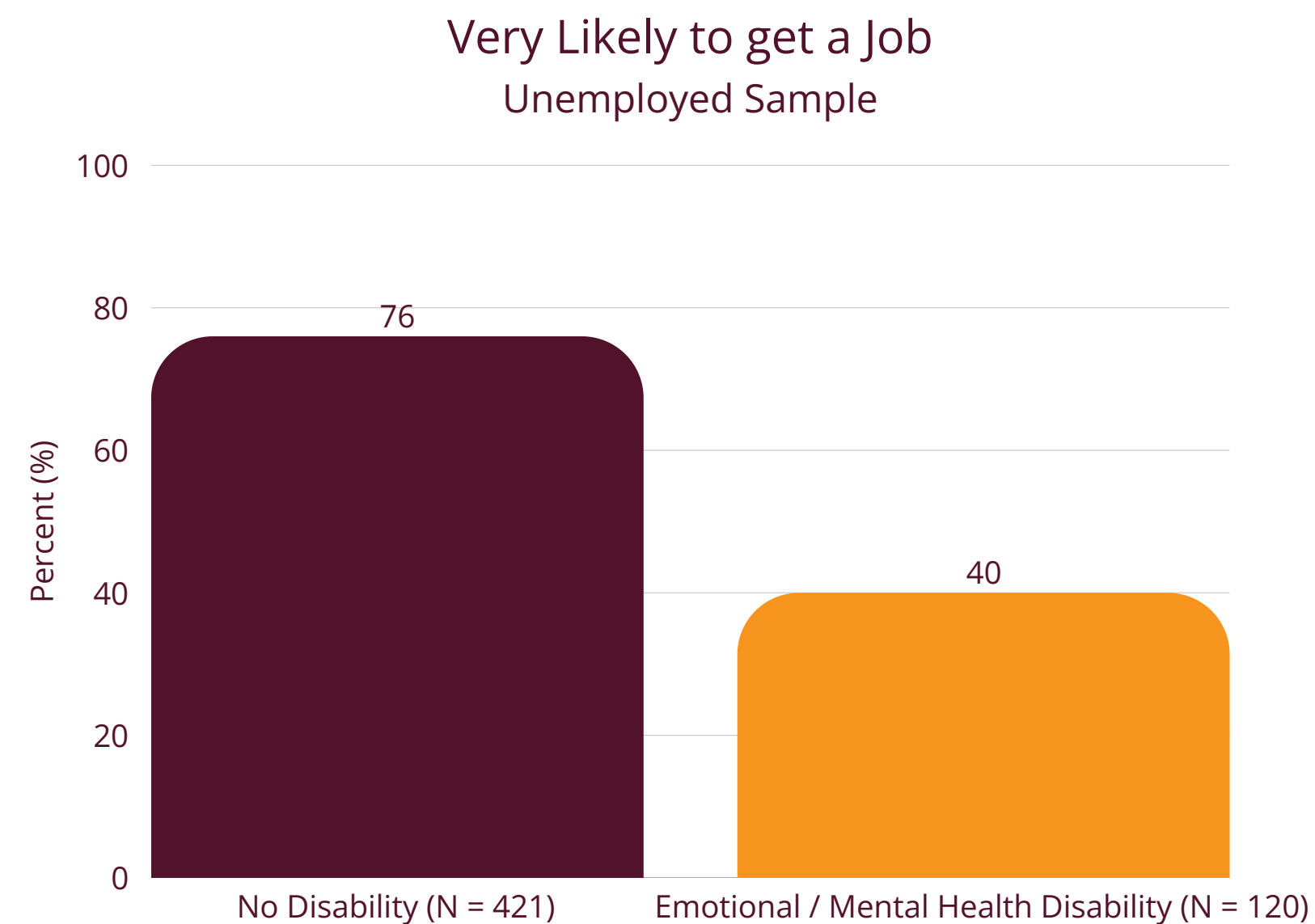
Low employment is not due to lack of interest or different preferences, but **barriers to access.**



Do Non-Employed People with Disabilities Want to Work?



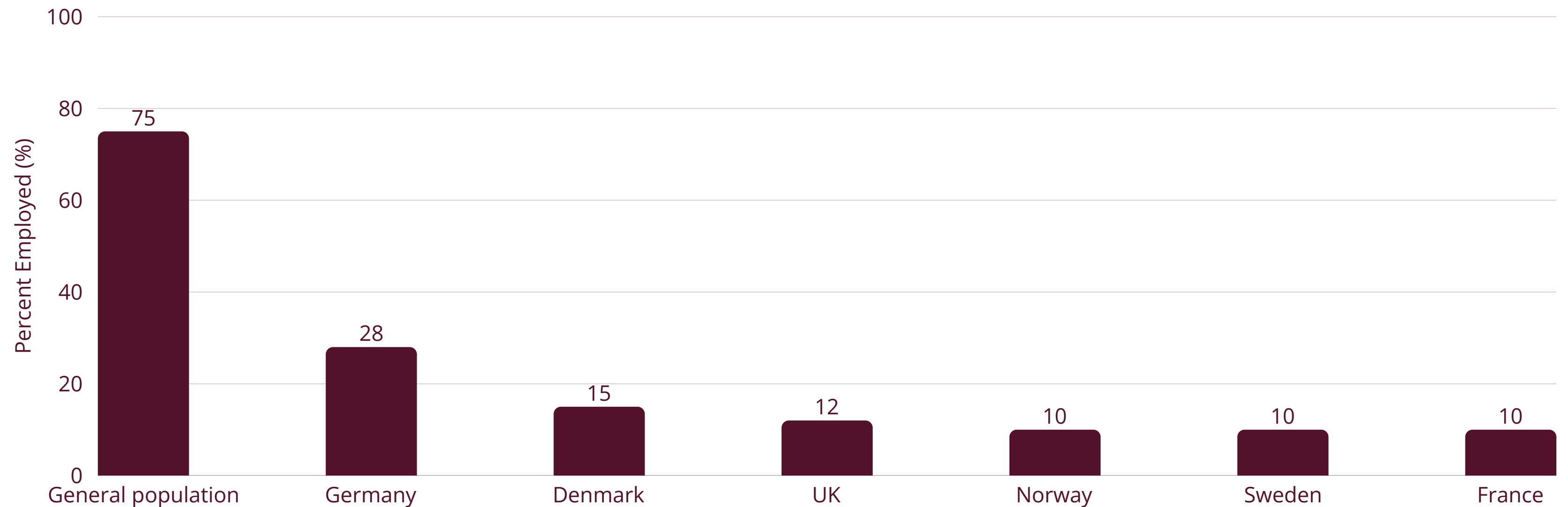
Ali, 2011



Ali, 2011

Employment and Societal Impact in Schizophrenia

Employment Rates for People with SMI
European Studies



Marwaha et al., 2007; Christensen et al., 2022; Evensen et al., 2016; Holm et al., 2021

Need for Employment Services

Over 60% of people with serious mental illness want to work, but less than 20% employed

Study	% Interested in Employment	Survey Population
Rogers (1995)	71%	Statewide survey of people with mental illness
Bedell (1998)	69%	Sheltered workshop participants
Mueser (2001)	61%	Study of family intervention
McQuilken (2003)	55%	Clubhouse members
Drebing (2004)	53%	Veterans in a VA-sponsored vocational program
Woltmann (2009)	70%	Clients in psychiatric rehabilitation program
Frounfelker (2011)	72%	Clients with co-occurring substance use
Ramsay (2011)	78%	Young adults experiencing early psychosis
Wescott (2015)	77%	Community survey of people with schizophrenia
Knaeps (2015)	45%	Psychiatric inpatients
Livermore (2017)	48%	SSDI/SSI beneficiaries with mental illness
Mean	63%	

Evidence Base

> 30 Randomized Controlled Trials

Hierarchy of Evidence in Research



Why are RCTs the Gold Standard?

- Randomization ensures groups are comparable at baseline
- Controls for confounding variables
- Blinding (when possible) reduces bias in outcome assessment
- RCTs can demonstrate that IPS **causes** better employment outcomes
- IPS RCTs have been conducted in >15 countries with consistent results

Without randomization,
we can't be sure whether
the intervention or
something else caused
the outcome

Why Evidence-Based Practices Matter

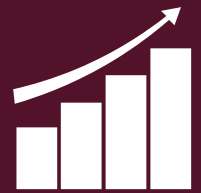
- Most people with serious mental illness don't receive proven treatments
- Evidence-based practices are backed by strong research—especially RCTs
- Programs that follow EBP models closely get better outcomes
- EBPs should be the baseline standard in mental health care

Offering services that look like EBPs isn't enough—how they're delivered matters

Research on More than 30 RCTs

- IPS helps people get jobs
- Evidence comes from **dozens of studies** across many countries
- Results are consistent over **6–24 months of follow-up**

Research on More than 30 RCTs



2X

As many weeks
worked during
follow-up



3X

The earnings
from
employment



3X

The number
working
20h/week or
more



2X

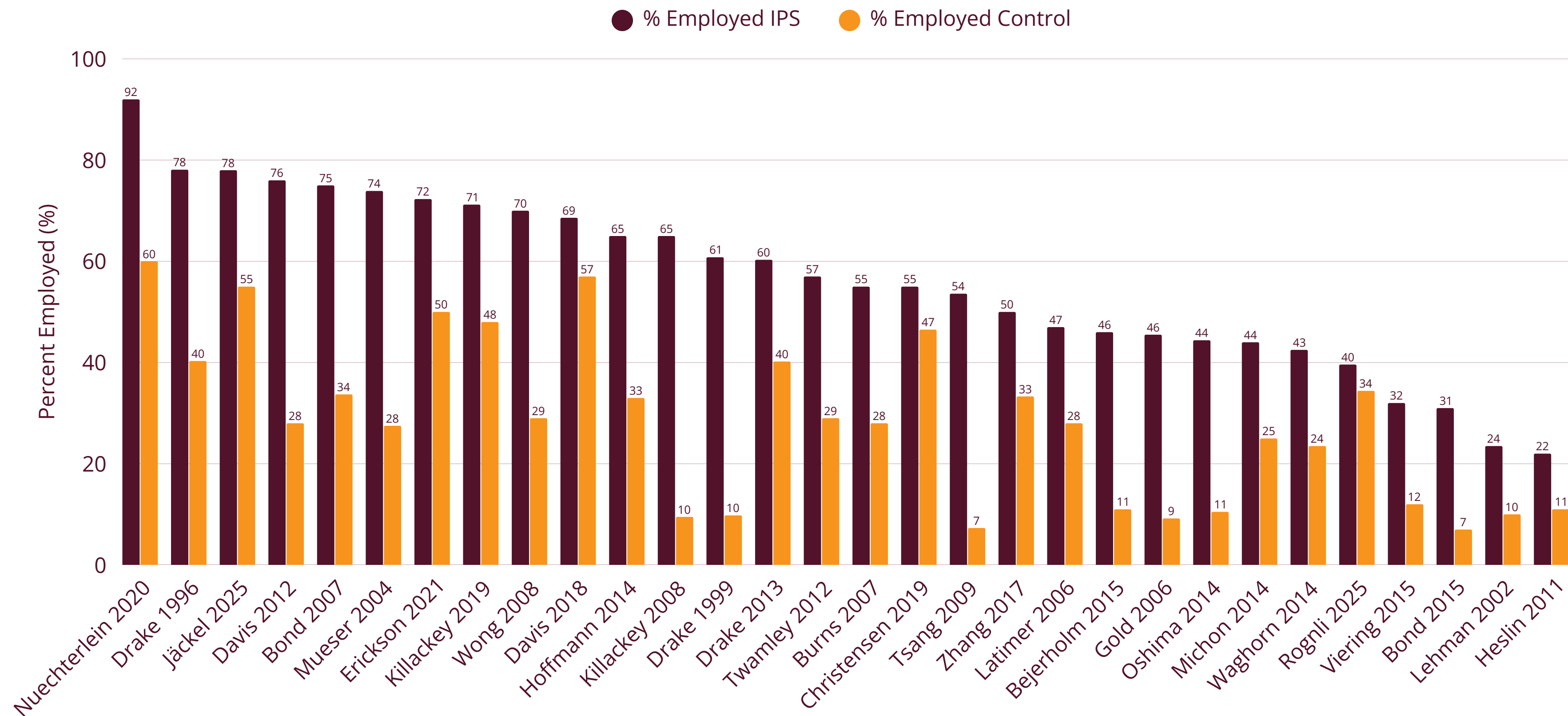
As likely to
work

Summary of IPS RCTs

Number of studies	30
Years	1996 - 2025
Average F-Up (months)	18.2
Total N of Participants	6799
Regions	
USA	12
Europe	8
Australia	3
UK	1
China	3
Canada	2
Studies ≥ 18 Month F-Up	17

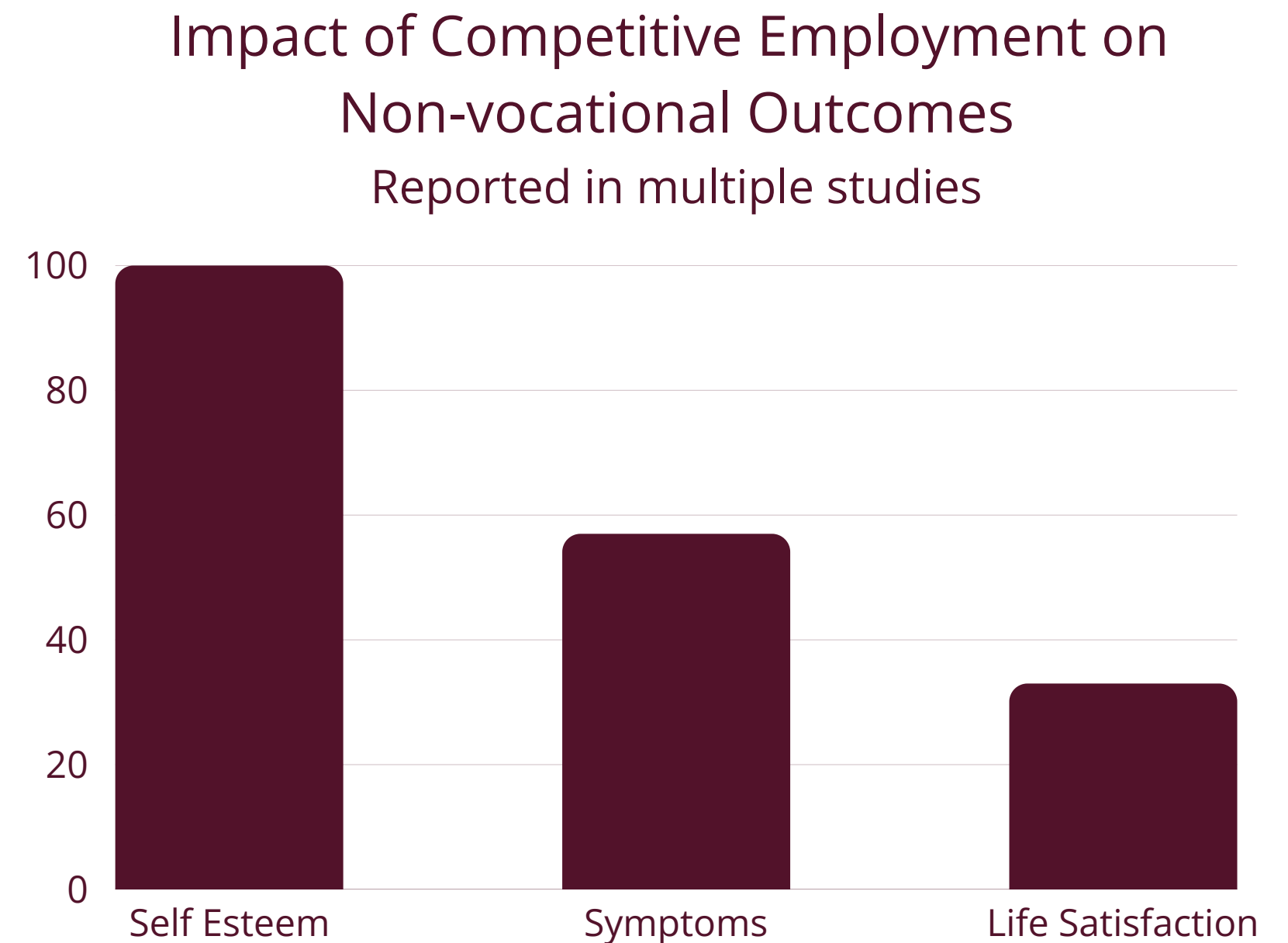


IPS RCTs – Employment Rates (%)



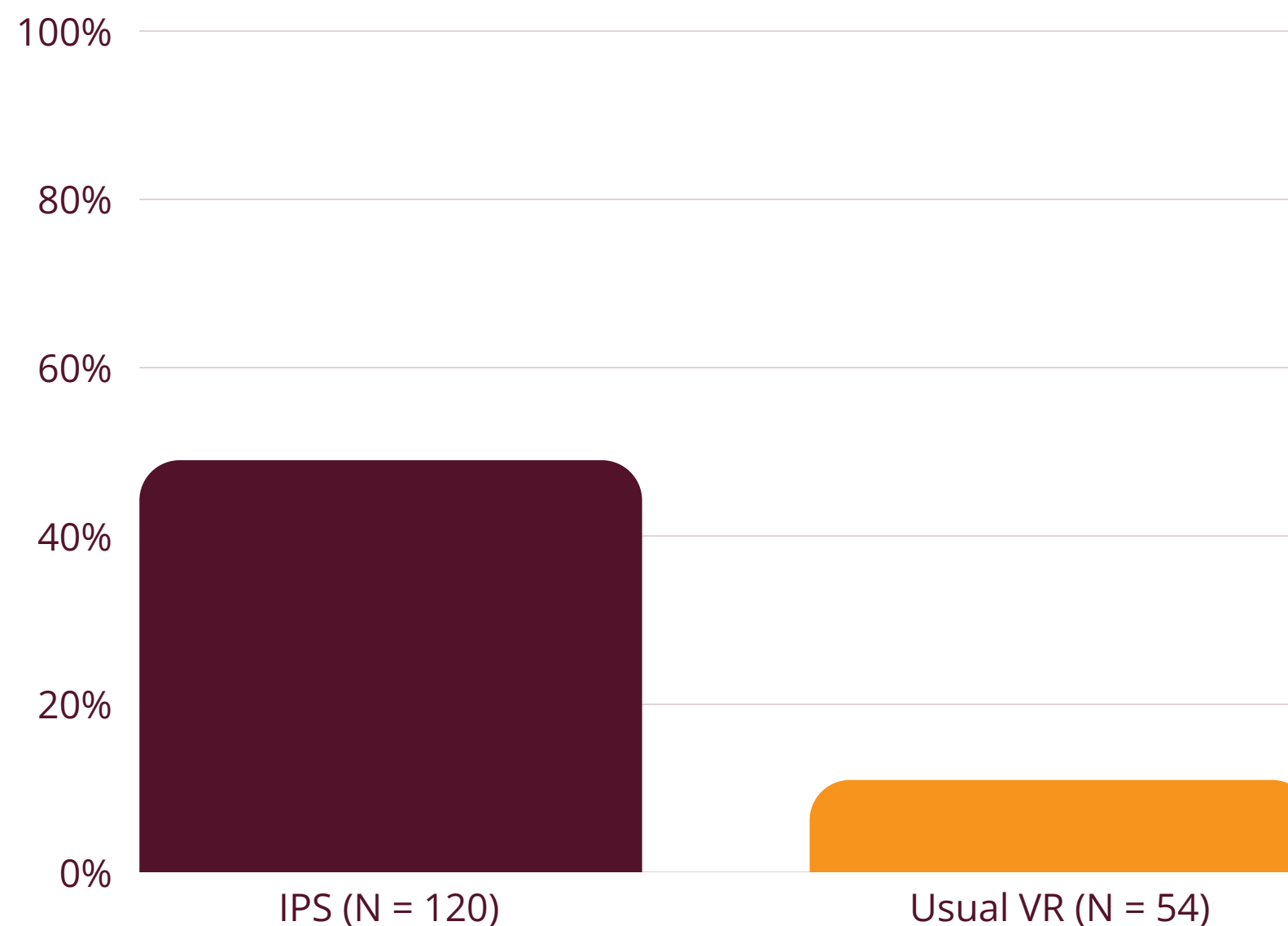
Nonvocational Outcomes

- IPS does not consistently improve mental health or quality of life on its own
- People who work—especially in competitive jobs—show better mental health and well-being
- IPS helps by getting people into jobs, which then improves these outcomes



Steady Worker Rate in 3 Long-Term Studies

Program	% Working at least half follow-up period
IPS (N = 120)	49%
Usual VR (N = 54)	11%



Hoffmann (2014): 5 year follow-up; Salyers (2004): 10 year follow-up;
Becker (2007) 8-12 year follow-up

Reducing Psychiatric Hospitalizations and ED Visits

- IPS reduces psychiatric admissions and emergency room visits (Henry, 2004)
- IPS reduces psychiatric admissions 20% vs. 31% (Burns, 2007)
- IPS reduces general hospital admissions and days; emergency room visits for mental health; psychiatric crisis visits (Salkever, 2014)

Client Factors and IPS Outcomes

- IPS works for a wide range of clients.
- **Work history matters:**
 - Positive work history predicts job acquisition.
 - Clients with poor work history still benefit greatly from IPS.
- **Race/ethnicity:** Comparable outcomes for Black, Hispanic, and White clients.
- **Special populations** (e.g., young adults, other health conditions): IPS still helps, but effect sizes are slightly smaller.

External Factors

- **Region:** Competitive employment rates are **lower in European studies**, partly due to disability policies that discourage work.
- **Policy context matters:** Systems with stronger work disincentives reduce IPS impact.
- **Rural vs. urban:** Despite implementation challenges, studies show **no major differences** in IPS fidelity or employment outcomes.

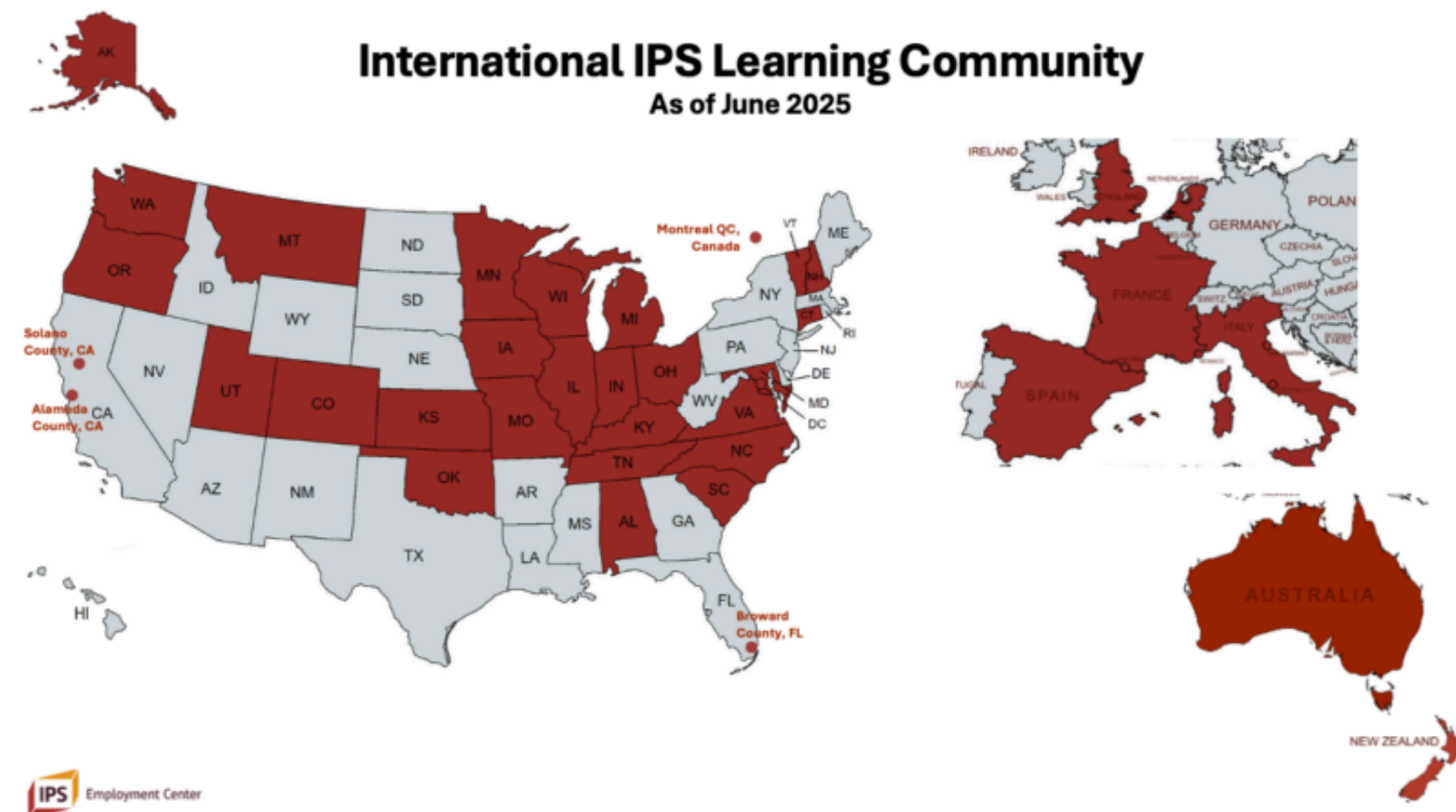
IPS Cost-Effectiveness

- 10 economic studies (mostly RCTs; follow-up 12–60 months)
- Employment outcomes: IPS outperformed controls in every study
- Costs:
 - IPS costs lower in 6 studies, equal in 2, higher in 2
 - Replacing day treatment with IPS cut costs by 29%
- Cost savings:
 - Several RCTs found reduced inpatient costs
 - No short-term outpatient savings, but long-term employment linked to lower mental health costs

Implementation & Adaptation

Why is IPS Effective?

- Coordinated care
 - Client-centered
 - Team-based
 - Evidence-based
 - Measurement-based
- State and federal support
- International learning community (26 U.S. states and 8 countries/regions outside U.S.)



Extending IPS to New Populations

Post-traumatic
stress Disorder

Young Adults
with Early
Psychosis

Common
Mental
Disorders

Substance Use
Disorders

Musculoskeletal
Disorders

Neurological
Disorders

Spinal cord
injury

Justice system
involvement

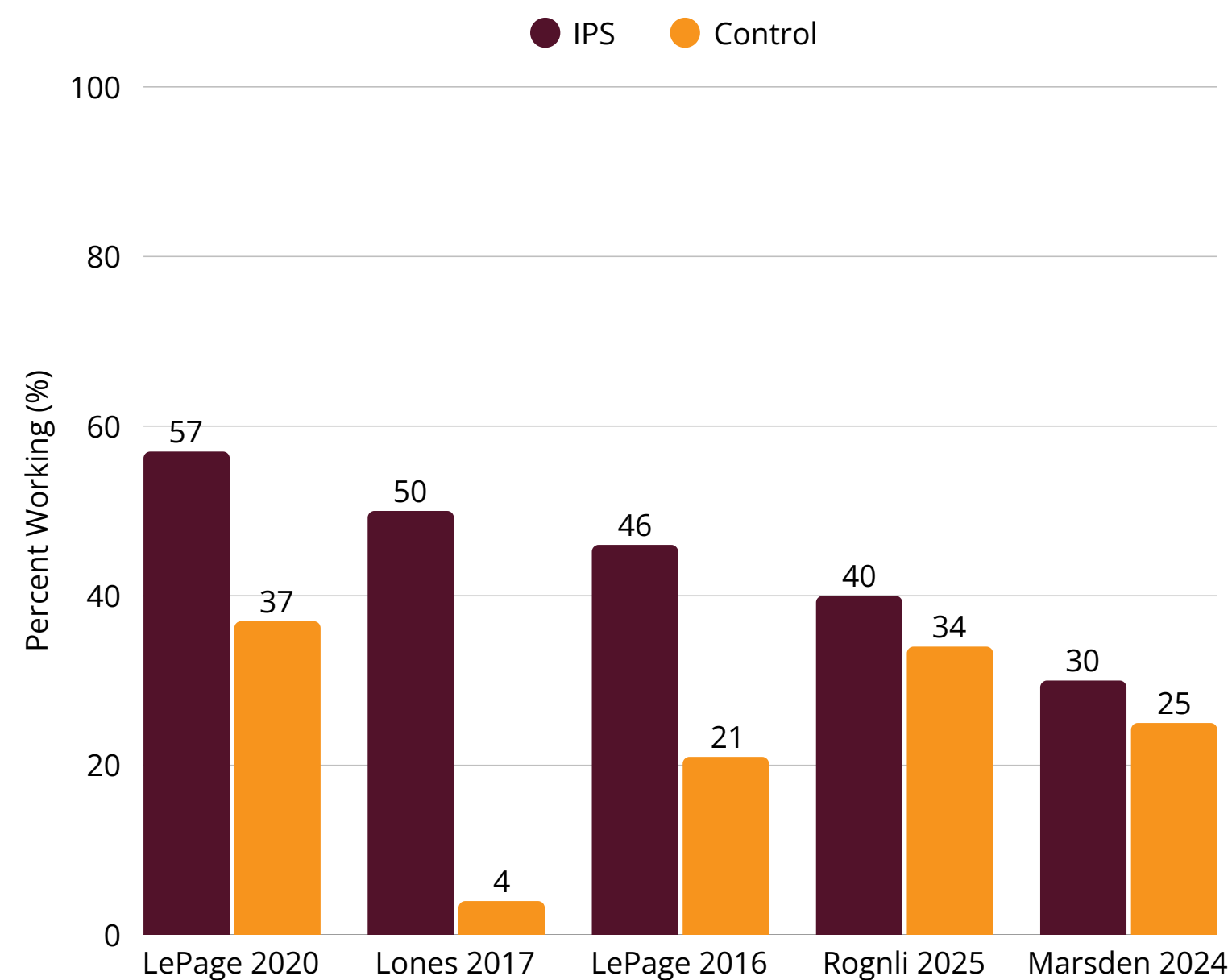
Autism

OCD

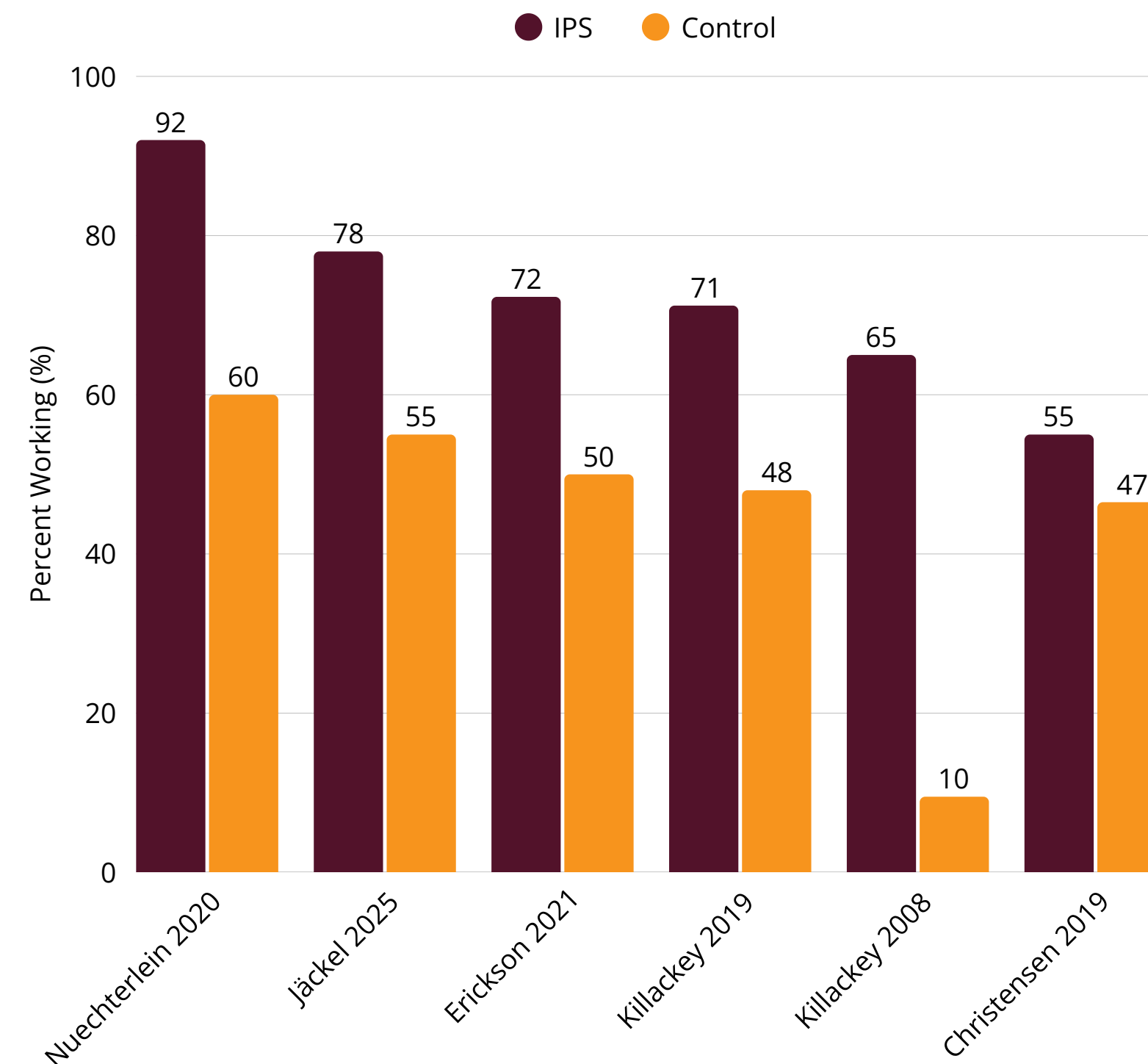
Supportive
Housing

Extending IPS to New Populations

IPS for Substance Use Disorder



IPS for Early Psychosis



IPS Modifications & Adaptations

- Adaptations for context (e.g., cultural tailoring, rural outreach)
- Omissions of core principles → weaker outcomes
- Augmentations (e.g., add cognitive training) → mixed results
- Cultural adaptations common, rarely tested in RCTs
- Dropping IPS principles (integration, client choice, long-term support) reduces effectiveness
- Most add-ons don't improve outcomes; cognitive enhancement shows some promise

Recent Research

Research in the Last Year

IPS improves vocational outcomes

- New RCTs show IPS increases hours worked, wages, and education/employment rates compared to controls (Rognli et al., 2025; Jäckel et al., 2025; Freedman et al., 2025).

Fidelity matters

- High-fidelity IPS programs achieve better long-term employment, tenure, and earnings over 6 years; differences diminish after year 5 (Yamaguchi et al., 2025).

Adaptation for new populations

- Autism: No major IPS principle changes; recommend extra social support and family/employer engagement (Florence et al., 2025a; Florence et al., 2025b).
- ACT integration: Pilot showed culture shift, 71 job starts, and +14 fidelity points despite limited resources (Pogue et al., 2025).

Research in the Last Year

Implementation challenges & facilitators

- Barriers: Organizational culture, funding complexity, workforce capacity (Harkko et al., 2025; Storen-Vaczy & Bakkeli, 2025).
- Facilitators: Leadership strategies, fidelity monitoring, and policy alignment (Harkko et al., 2025; Mascayano et al., 2025).

COVID-19 impact

- IPS teams adapted to virtual delivery; challenges included lower referrals and engagement barriers, but some innovations persisted (Florence et al., 2025c).

Lived experience & satisfaction

- Employment linked to belonging, contribution, and value (Borowska et al., 2025).
- Perceived skills and support predict vocational satisfaction across service types (Ishay et al., 2025).

Policy & guidelines

- VA/DoD guidelines endorse IPS for first-episode psychosis and schizophrenia (Niv et al., 2025).
- U.S. IPS programs exceed 1,000, but coverage remains limited; scale-up requires funding solutions and workforce development (Mascayano et al., 2025).

Exciting New Studies

IPS for Adults with Autism (PI: Florence)

- RCT of IPS vs Usual Care for Adults with Autism in Kentucky

IPS in Guadalajara, Mexico (PI: Mascayano)

- Pilot RCT: individuals with psychosis receiving IPS versus usual care

IPS for OCD (PI: Patel)

- Pilot RCT of IPS vs usual care for adults with OCD

IPS for Justice Involvement (PI: Mascayano)

- Program evaluation of recovery houses for justice involvement and SUD

IPS and Supportive Housing (PI: Metcalfe)

- RCT of IPS and PSH

THANK you!