Why Employment?

Making the Case for IPS Supported Employment

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Employment is part of the recovery process for most people with mental health conditions.

Most people want to work. Having a satisfying, meaningful job is part of the American dream. Worldwide, surveys have found that over 60% of people with mental health conditions want regular community job.[1] The survey findings are similar in the United States.[2-9]

Employment has many long-term benefits.

Employment is a critical social determinant of health, especially mental health.[10,11] People who obtain competitive employment have increased income, improved self-esteem, improved quality of life, and few mental health symptoms.[12-15]

Many people who want to work are unemployed.

Unfortunately, most people with serious mental health conditions do not work. Employment rates are far less than the general population.[16-19] Less than 20% of people with schizophrenia and bipolar disorder are currently employed. Unemployment becomes a permanent lifelong condition for most adults with a serious mental disorder.[20] Mental health agencies need to close the 40% gap between those who want to work (60%) and those who are actually working (20%).

Helping people find and keep jobs is a central element of effective mental health services.

Employment is a critical mental health intervention that complements usual mental health services to help clients achieve their treatment goals. In many respects, its influence is more powerful than conventional psychosocial treatments and medications.[21] Therefore, helping people find work should be a top priority in agencies providing recovery-oriented services. Yet many mental health providers do not recognize their role in providing employment services. The single most common unmet need reported by mental health clients is **help with employment,** identified by over 40% of 27 million respondents in a meta-analysis of 204 studies.[22]

Long-term unemployment has a profound negative impact on mental health.

Many studies show what is intuitively obvious: Unemployment combined with a lack of meaningful daily activity has a toxic effect on mental health. This negative impact increases exponentially over time as people lose hope.[23] This is particularly true for young adults who are not in employment, education, or training.[24] Conventional mental health treatments cannot reverse the negative effects of inactivity and unemployment.[25]

After a long period of inactivity, the positive effects of starting a job are immediate and game-changing.

Becoming a worker provides a sense of purpose and dignity for anyone who has not worked for a long time or who has never worked.[26] No amount or type of mental health treatment – not

psychotherapy, not day treatment, not medications – can substitute for the experience of identifying oneself as a working person.[27-29]

Finding the right job is important.

Getting a job, however, does not guarantee fulfilling work or well-being. Some jobs are sheer drudgery.[30] Supervisors play a large role in workers' experience of being supported, appreciated, and valued, which in turn affects whether work is personally meaningful.[31,32] The workplace culture also makes a huge impact.[33] Personal autonomy and accommodations for specific limitations also influence job quality.[34] Most critically, finding a job that matches one's preferences, strengths, dreams, experience, and skills makes all the difference.[35] Job matching is unique to each person – one's worker's dream job may be a terrible fit for another.

Individual Placement and Support (IPS) helps clients find meaningful employment matching their skills and preferences.

IPS is a well-defined supported employment model that helps clients find meaningful employment in jobs that match their preferences and strengths.[36] IPS specialists provide individualized long-term support to help clients cope successfully in the workplace.[37] All stages of IPS services aim at helping clients experience mental health benefits from working.

IPS is the most effective program for helping people achieve competitive employment.

Over the past three decades, IPS has consistently demonstrated that it is a robust evidence-based approach to helping people with mental health conditions to obtain and succeed in competitive employment. IPS is the only approach that has been proven effective for helping people achieve their employment goals.[38] No other approach comes close. IPS is far more effective than any other vocational approach.[39-42] Over 30 randomized controlled trials of IPS for people with serious mental illness have shown significantly better employment outcomes for IPS.[43]

For many, the long-term effects of IPS are life-transforming, permanently changing lives.

The long-term employment trajectory is bleak for people with serious mental illness. One large study found that three years before an initial episode of psychosis, 24% of people with schizophrenia were employed. Five years later, only 10% were working.[44] Over 80% of people with schizophrenia experience unemployment for most of their lives.[20] Compared to the general population, a much smaller proportion of people with mental health conditions are destined to achieve satisfying, permanent lifelong employment.

IPS changes this prognosis. Nearly half of all clients who obtain a job with help from IPS become steady workers[45] and remain competitively employed five to twelve years later[46-48] – a rate that is quadruple that for clients who receive traditional services.[47] More than six years after enrolling, IPS clients continue to achieve greater employment earnings than clients receiving usual services.[49]

IPS is beneficial for all kinds of people with mental health conditions regardless of their history, diagnosis, or background characteristics.

Unlike some mental health treatments, IPS has no special eligibility requirements that limit its use to specific subgroups. Anyone is eligible as long as they want to work. Among people with mental health conditions, IPS is effective in helping people with many different diagnoses, educational levels, prior work histories, and ethnoracial backgrounds.[50,51] IPS is beneficial for young adults,[52] older adults,[53] Social Security disability beneficiaries,[54] people with criminal

justice involvement,[55] veterans with post-traumatic stress disorder,[56,57] people with co-occurring mental illness and substance use disorders.[58] Over the last two decades, researchers worldwide have reported that virtually every group who has been offered IPS services has benefitted with significantly improved employment outcomes.

IPS is adaptable to other populations.

IPS was originally developed for people with serious mental illness, but has since been found effective in many other populations.[59,60] IPS is effective for people with substance use disorders,[61,62] pain,[63] spinal cord injury,[64] and young adults with diverse health problems at risk of early work disability.[65]

IPS is cost-effective.

The costs of implementing and maintaining an IPS program are relatively low, compared to other vocational services. The average cost of IPS is estimated to be $4,000 per client in 2022 US dollars.[43] Not only is IPS more effective, but its service costs also compare favorably to traditional vocational approaches. The per-client costs of IPS are far less than those for day treatment[66] and similar to those for skills training approaches.[67]

In consideration of all costs, including cost offsets, IPS is cost-effective. Ten formal cost effectiveness analyses have shown IPS to have a favorable cost-effectiveness ratio, with cost offsets most often found in reduced psychiatric hospital use or other intensive mental health services, such as day treatment.[43,68] IPS may also reduce costs to the criminal justice system.[69]

Over the long term, clients who return to work reduce their contact with the mental health system. A 10-year follow-up study of clients with co-occurring serious mental illness and substance use disorder found an average annual savings of over $16,000 per client in treatment costs for steady workers, compared to clients who remained out of the labor market.[70]

Community mental health agencies have had great success implementing IPS.

IPS has a two-decade long track record of successfully implementing hundreds of programs throughout the U.S., including in 45 of the U.S. states (and the District of Columbia).[71-73] Between 2016 and 2019, the number of IPS programs increased 64% from 523 to 857.[72] Once implemented, IPS programs have an excellent record of sustained services over years.[74]

Nationwide, mental health leaders have found that implementing a new IPS program is feasible. Several factors help program leaders in this effort. First, IPS is a common sense, practical intervention that appeals to clinicians, clients, and the general public.[38] Second, staffing and start-up costs for IPS are relatively modest. Unlike many well-regarded clinical practices, starting up a new IPS program does not require multidisciplinary teams with highly educated professionals who must complete expensive specialty training. Third, IPS is a well-defined model with a detailed practice manual and a validated fidelity scale to guide implementation and help maintain standards.[75,76] Fourth, program leaders can access extensive resources through the IPS Employment Center and IPS learning community,[77,78] which provide technical assistance, online training for practitioners, and free online resources,[79] dedicated program leaders find it feasible to implement IPS to high fidelity.[38] Fifth, IPS is adaptable to different settings. It has been successfully implemented in both urban and rural communities.[80,81]

The greatest challenge to implementing and sustaining IPS programs is funding.[82,83] Program leaders have been successful overcoming this barrier by braiding funding from Medicaid, the state vocational rehabilitation agency, and state and local funds.[72,74,84]

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

Despite the benefits of IPS, access is limited or unavailable in many communities. Only 2% of clients with serious mental illness in the U.S. public mental health system receive IPS in any given year.[85] Wider access to IPS would benefit people with serious mental illness, their families, taxpayers, and the general public.

California has embarked on statewide implementation of IPS, for more information, links to the Department of Health Care Services COE Resource hub are listed below.

https://www.dhcs.ca.gov/CalAIM/Pages/BH-CONNECT.aspx

https://www.dhcs.ca.gov/CalAIM/Pages/Evidence-Based-Practices.aspx

https://www.dhcs.ca.gov/CalAIM/Pages/BH-CONNECT-Resources.aspx

Note: This issue brief was prepared by Gary R. Bond, Ph.D.

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