Research on the Effectiveness of Individual Placement and Support

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IPS Employment Center | DHCS CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

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Why Focus on Work for People with Psychiatric Disorders?

- Most people with psychiatric disorders want to work!
- Most see work as a key part of recovery
- Being productive = Basic human need
- In most societies, working is a typical adult role
- Working can be a way out of poverty
- Working may prevent entry into disability system
- Working contributes to better health and well-being

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Positive Impact of Competitive Employment on Mental Health and Well-Being

In general population:

- Work is beneficial for employee well-being, if:
  - good-quality supervision
  - positive workplace environment
  - work is meaningful

- Beneficial even if working as little as 8 hours/week

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(Modini, 2016; Kamerāde, 2019)

Positive Impact of Competitive Employment for People with Psychiatric Disorders

Benefits of work for people with psychiatric disorders are similar to those for general population:

- Increased self-esteem
- Improved financial security
- Improved mental health
- Less social isolation
- Reduced substance abuse
- Reduced health care

(Drake, 2020; Gibbons, 2019; Luciano, 2014; Wallstroem, 2021)

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Negative Impact of Job Loss and Extended Unemployment

- Job loss leads to demoralization, lowered self-esteem and increased social isolation, depression, suicide, substance abuse, health issues
- Huge impact on earnings, in both short and long term
- Return to work increasingly difficult as time passes
- Some laid-off workers never return to the labor force (especially true for women)

(Korpi, 2001; Paul, 2009; Roelen, 2012)

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Unemployment and Disability Benefits

- When people cannot find work, applications for disability benefits surge
- During Recession of 2008, one million unemployed US workers applied for SSDI (Social Security Disability Insurance) and 400,000 began receiving SSDI
- The *disability trap* (avoiding work for fearing of losing benefits) becomes a way of life

(Maestas, 2018)

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Compared to people without disabilities, people with a mental disability are:

- Far less likely to work.
- If not working, more eager to work,
- BUT far less hopeful that they will get a job.

	Total Sample	Unemployed Sample	
Survey Respondents Who Report...	Employment Rate	"Would like a paid job now or in future"	‘‘Very likely’’ to get job
No Disability (N = 421)	76%	78%	51%
"Emotional or Mental Disability" (N = 120)	40%	90%	27%

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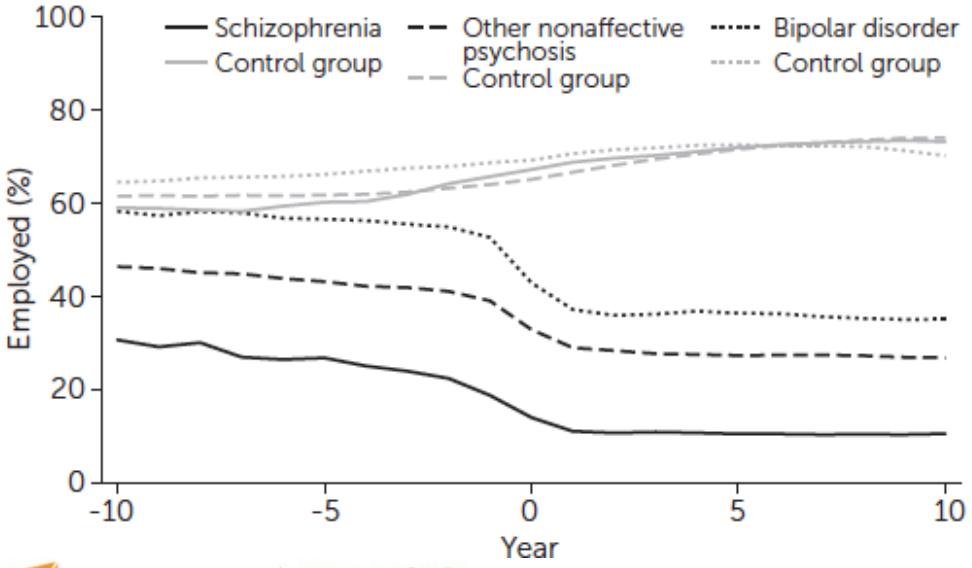
(Ali, 2011)

After Their First Hospitalization, Few People with Schizophrenia Work

FIGURE 1. Mean employment levels for participants with schizophrenia, other nonaffective psychosis, or bipolar disorder and their matched control groups[a]



Finnish study using high-quality data from national registry

People who are hospitalized and diagnosed with schizophrenia are mostly unemployed over the next 10 years. Less than 15% are working at any time.

(Hakulinen et al., 2019)

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Surveys Show Great Interest in Employment

Worldwide, 61% of people with mental health conditions want to work in a competitive job

Adamus et al. (2024)

Expressed Interest in Employment Reported in 12 Surveys

Study	%	Survey Population
Rogers (1995)	71%	statewide survey of people with mental illness
Bedell (1998)	69%	sheltered workshop participants
Gühne (2021)	66%	unemployed inpatients/outpatients with SMI
Mueser (2001)	61%	study of family intervention
McQuilken (2003)	55%	clubhouse members
Drebing (2004)	53%	veterans enrolled in vocational services
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%	disability beneficiaries with mental illness
Mean	**64%**	N = 1848 survey respondents

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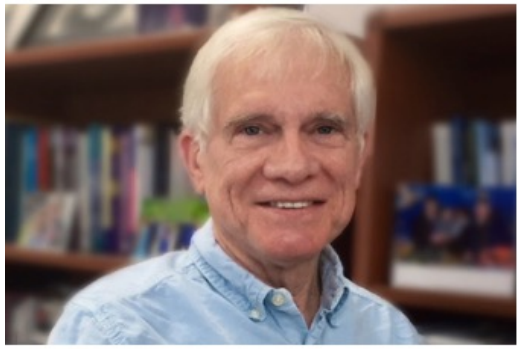
Individual Placement and Support (IPS)

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



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Initial Studies of IPS

- Becker and Drake developed IPS to help clients with serious mental illness (SMI)
- From the beginning, they evaluated whether their approach helped people get jobs
- Initial pilot study conducted in two community mental health centers in rural New Hampshire

Day Treatment Conversions to IPS: Common Study Design in 4 Studies

- Discontinued day treatment
- Reassigned day treatment staff to new positions
- Implemented new IPS program
- Compared to day treatment sites not converting

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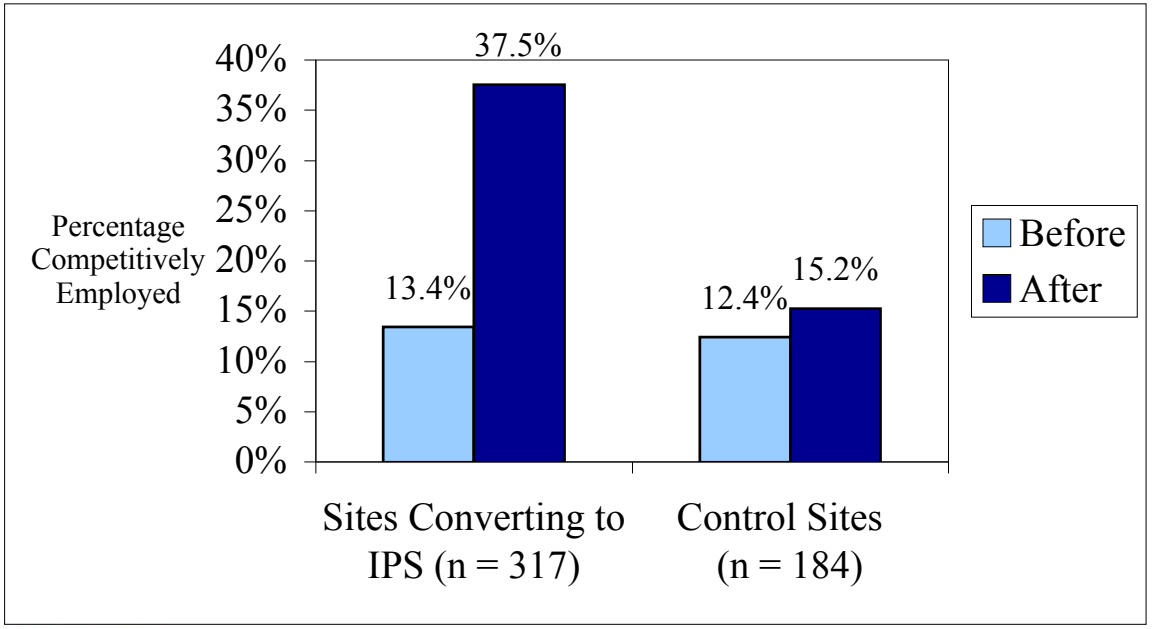
Day Treatment Conversion Studies Comparing 6 Sites Converting to IPS to 4 Control Sites That Continued Day Treatment



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Bond (2004)

Similar Results in All Day Treatment Conversions

- Large increase in employment rates
- No negative outcomes (e.g., relapses)
- Clients, families, staff liked change
- Most former day treatment clients spent more time in community, even those not working
- Resulted in cost savings

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Effectiveness of IPS:
What Does Research Show?

1. Who does IPS help?
2. Where is IPS effective?
3. What are the outcomes from IPS?
4. What are the long-term benefits?
5. Is IPS cost effective?

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Who does IPS help?
Criteria used to evaluate the research

- Based on randomized controlled trials (RCTs), which groups – defined by disability or health condition – benefit from IPS?
- Benefit measured by competitive employment rate during follow-up
- Criteria
  - At least two RCTs favoring IPS
  - High fidelity IPS programs and unemployed participants who want to work
  - Significant overall effect across all RCTs

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43 Randomized Controlled Trials of IPS

» 43 rigorous RCTs of IPS published as of 2025

- 23 RCTs for participants with SMI, 20 (87%) published between 1996 and 2015
- 20 RCTs for participants with non-SMI conditions, 17 (85%) published between 2017 and 2025

» The evidence for the effectiveness of IPS is much stronger than for any other vocational rehabilitation model

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23 RCTs of IPS for People with SMI

First Author/ Year Published	Study Site Location	Control Condition	Months Follow-up	N (IPS)	N (Ctl)	Study Population & Salient Eligibility Criteria
Drake 1996	2 sites in NH	Skills training, nonintegrated	18	73	67	CMHC clients
Drake 1999	Washington, DC	Enhanced Vocational Rehab	18	74	76	Case management program clients
Lehman 2002	Baltimore, MD	PSR	24	113	106	CMHC clients, including those without voc goals
Mueser 2004	Hartford, CT	(1) Brokered SE; (2) PSR	24	68	136	CMHC clients
Gold 2006	Rural SC	Sheltered workshop	24	66	77	CMHC clients
Latimer 2006	Montréal, Québec	Traditional vocational services	12	75	74	Clients receiving mental health services
Bond 2007	Chicago, IL	Diversified placement approach	24	92	95	New admissions to PSR agency
Burns 2007	6 cities in Europe	Traditional vocational services	18	156	156	Clients receiving mental health services
Wong 2008	Hong Kong	VR referral	18	46	45	Hospital and community referrals
Tsang 2009	Hong Kong	Traditional vocational rehab	15	56	55	Community mental health programs
Heslin 2011	London, UK	Usual Care	24	93	95	CMHC clients
Twamley 2012	San Diego, CA	VR referral	12	30	28	Middle aged and older adults (45 and older)
Drake 2013	23 sites in US	No additional services	24	1004	1051	SSDI recipients
Oshima 2014	Tokyo, Japan	Usual care	6	18	19	High need and frequently hospitalized clients
Michon 2014	4 cities in Holland	Traditional vocational services	30	71	80	Clients receiving mental health services
Hoffmann 2014	Bern, Switzerland	Traditional vocational rehab	60	46	54	Referrals from university hospital
Waghorn 2014	3 Australian communities	Referral to disability system	12	106	102	Clients receiving mental health services
Bejerholm 2015	Malmo, Sweden	Traditional vocational rehab	18	41	46	Outpatients referred from CMHTs
Bond 2015	Chicago, IL	Job club adaptation	12	43	44	Mental health clients with justice involvement
Viering 2015	Zurich, Switzerland	No additional services	24	127	121	Disability pensioners with mental illness
Zhang 2017	Wuxi, China	Traditional vocational services	15	54	54	Hospital outpatients with schizophrenia
Christensen 2019	3 cities in Denmark	Job centers	18	243	239	Early psychosis programs + CMHCs
Rodríguez 2025	Canary Islands, Spain	VR (train-place)	6	24	19	Referrals from CMHTs

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CMHC=community mental health center; CMHT=community mental health teams; PSR=psychosocial rehabilitation; SE=supported employment; SSDI=Social Security Disability Insurance; VR=vocational rehabilitation

Summary Statistics for 23 RCTs of IPS for People with SMI

- 9 US RCTs and 14 RCTs in 13 other countries
- 15/23 studies measured outcomes at 18 months or later
- Total enrollment = 5,558 participants
- Most studies recruited participants from community mental health agencies
- In most studies, the control group received services as usual (sometimes best practices)

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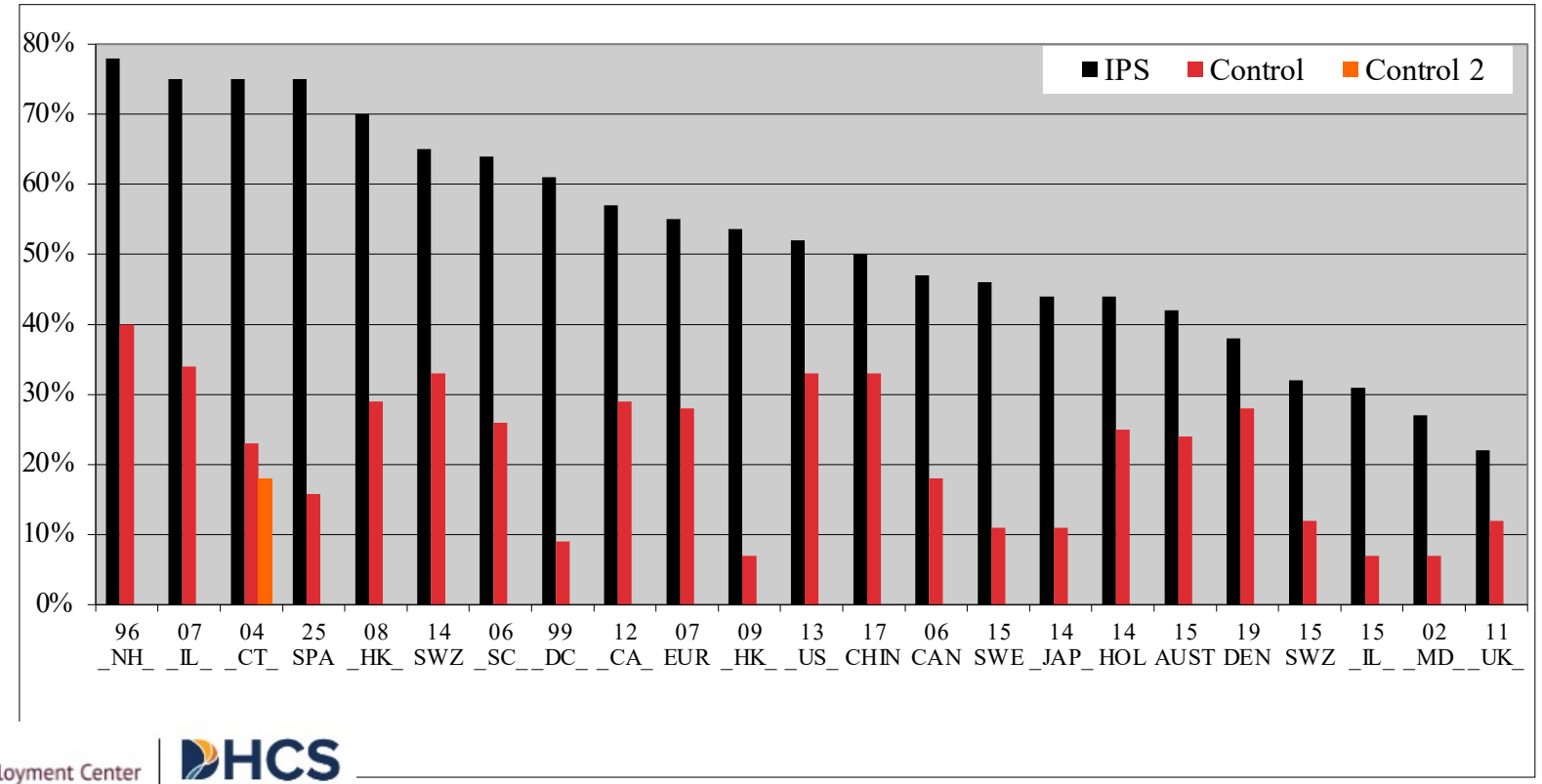
Competitive Employment Rates in 23 RCTs of IPS for People with Serious Mental Illness



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Overall Findings for 23 RCTs of IPS for Participants with SMI

Mean Competitive Employment Rates Across RCTs

	US (9 RCTs)	Outside US (14 RCTs)	Total Worldwide (23 RCTs)
IPS	58%	49%	52%
Control	23%	20%	22%

IPS participants were over twice as likely as controls to become competitively employed

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Regardless of Client Characteristics, IPS Is Beneficial for People with SMI (Campbell, 2011)

- Different diagnostic groups, including schizophrenia
- All age groups ranging from adolescence to older adults
- Both men and women
- Diverse ethnic and racial backgrounds
- Entire range of work history, including little or none
- All levels of educational attainment
- Mild or severe psychiatric symptoms
- Extensive hospitalization history

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IPS Effectiveness in Target Subgroups of People with Serious Mental Illness

IPS improves employment outcomes for:

- People with justice involvement (3 RCTs)
- Disability beneficiaries (4 RCTs)
- People with co-occurring mental illness and substance use (many studies, including RCTs)
- Homeless people with mental illness (4 studies)
- Young adults (many studies, including RCTs)

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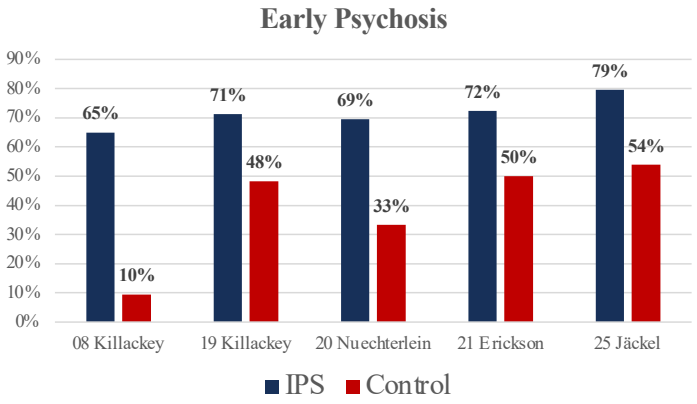
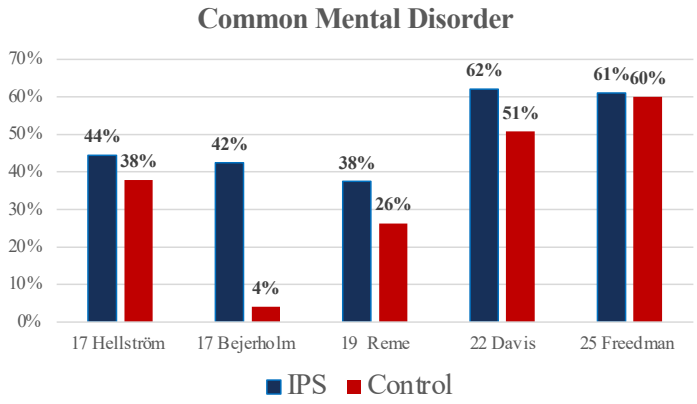
Study Characteristics of 20 RCTs for People with Non-SMI Conditions

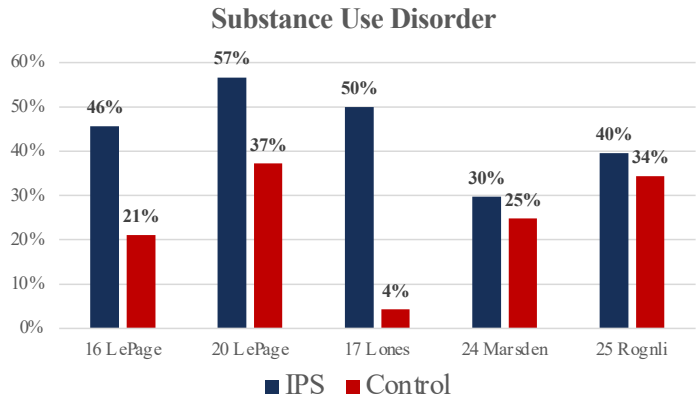
(Bond et al., 2026)

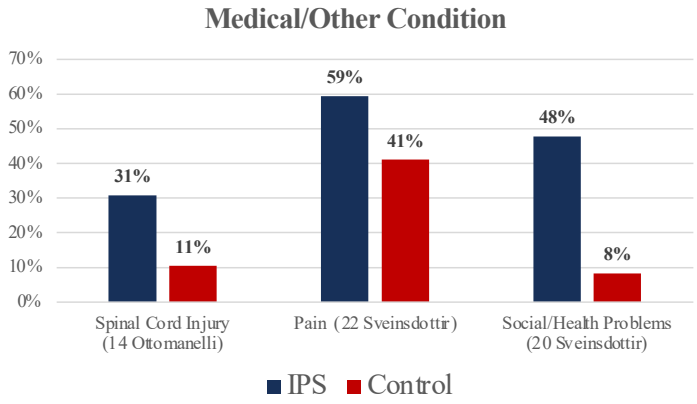
	Investigator (Year)	Country	Sample Characteristics	Sample Size	Months of Follow-up	Comparison Group	IPS Fidelity
Early Psychosis	Killackey (2008)	Australia	Young adults with early psychosis enrolled in specialty program	41	6	Usual clinical services + refer to VR	Good
	Killackey (2019)	Australia	Young adults with early psychosis enrolled in specialty program	126	6	Usual clinical services + refer to VR	Good
	Nuechterlein (2020)	US	Young adults with early psychosis enrolled in specialty program	51	18	Usual clinical services + refer to VR	Good
	Erickson (2021)	Canada	Young adults with early psychosis enrolled in specialty program	97	12	Usual clinical services + refer to VR	Good
	Jäckel (2025)	Germany	Young adults with early psychosis enrolled in specialty program	78	12	Usual clinical services + refer to VR	Fair to good
Common Mental Disorders (Anxiety and Depression)	Hellström (2017)	Denmark	Workers on sick leave aiming to return to work	326	24	Stepwise job services	Exemplary
	Bejerholm (2017)	Sweden	Clients with affective disorders at outpatient MH clinics	58	12	Traditional VR	Very good
	Reme (2019)	Norway	Clients recruited from mental healthcare settings. Subgroup analysis reported for moderate MI	164	18	Stepwise job services	Fair to exemplary
	Davis (2022)	US	Primary care clinic: Veterans with nonpsychotic psychiatric disorders	119	12	Sheltered & transitional work	Fair to good
	Freedman (2025)	US	People with self-identified disabilities referred from American Job Centers and other sources	1061	24	Usual community resources	Fair to good
Substance Use Disorders (SUD)	LePage (2016)	US	US veterans with a criminal justice history, 88% with substance use disorder	84	6	Manualized group career counseling	Fair
	LePage (2020)	US	US veterans with a criminal justice history, 81% with substance use disorder	111	12	Manualized group career counseling	Fair
	Lones (2017)	US	People with opioid disorder treated at a methadone clinic	45	6	Waitlist	Fair
	Marsden (2024)	UK	People receiving treatment at substance use treatment centers for alcohol (N=610), drugs (N=240), opioid (N=837)	1403	18	Local community resources	Fair to good
	Rognli (2025)	Norway	Patients treated for SUD at hospital	187	18	Self-help guidebook ^ workshop	Fair
Post-Traumatic Stress Disorders (PTSD)	Davis (2012)	US	Military veterans with PTSD receiving services at VA	85	12	Sheltered & transitional work	Fair
	Davis (2018)	US	Military veterans with PTSD receiving services at VA	541	18	Sheltered & transitional work	Fair to good
Medical Conditions/Other	Ottomanelli (2014)	US	Multisite study with referrals from spinal cord injury providers	157	24	Referral to VR	Fair
	Sveinsdottir (2022)	Norway	Patients with chronic pain referred from a hospital pain clinic	54	24	Resource manual & medical team	"Not IPS" to fair
	Sveinsdottir (2020)	Norway	Young adults with social or health-related problems at risk of work disability	46	37	Sheltered work	"Not IPS" to fair

Competitive Employment Rates in 20 RCTs of IPS for Non-SMI Conditions

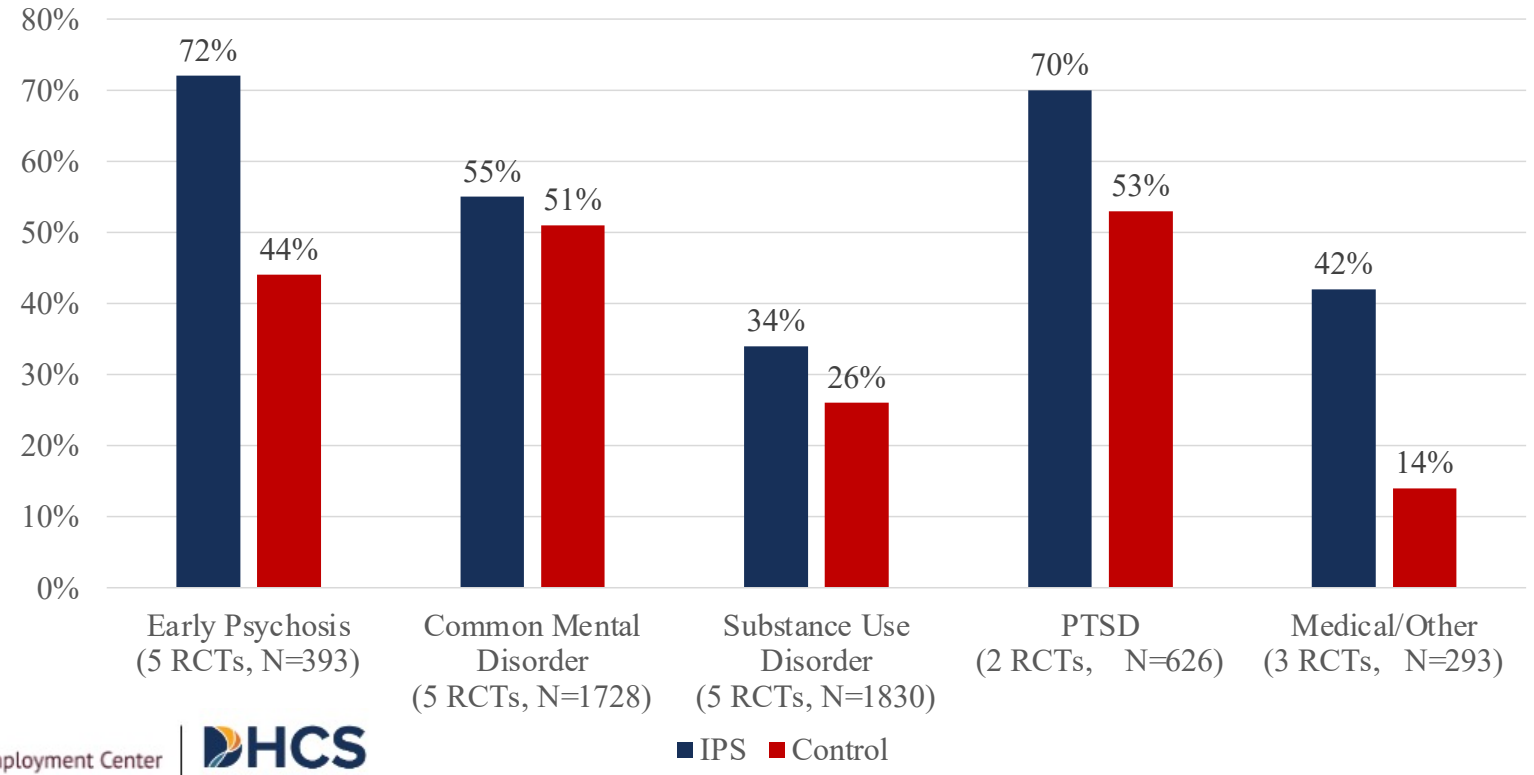








Competitive Employment Rates in 20 RCTs of IPS for Non-SMI Conditions



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Overall Conclusions
For Which Groups is IPS Effective?

- **Strong** evidence of effectiveness for:
  - SMI: 23 of 23 RCTs found IPS > Control
  - Early Psychosis: 5 of 5 RCTs found IPS > Control

- **Promising** evidence of effectiveness for:
  - PTSD: 2 of 2 RCTs of IPS for veterans found IPS > Control

For Which Groups Is Effectiveness of IPS Not Established?

» **Overall effects not significant**

- Common Mental Disorders: 4/5 RCTs = no differences
- Substance Use Disorders: 5 RCTs with mixed results

» **Too few RCTs – More research needed**

- Spinal cord injury
- Pain
- Social and health problems

Where is IPS effective?

① Is IPS effective outside the US, in countries with different labor laws and disability policies?

② Is IPS equally effective in rural and urban communities?

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Growth of IPS

- IPS has been successfully implemented in routine practice across the U.S. and worldwide
- Program leaders have overcome challenges related to density of population, distances, and community resources

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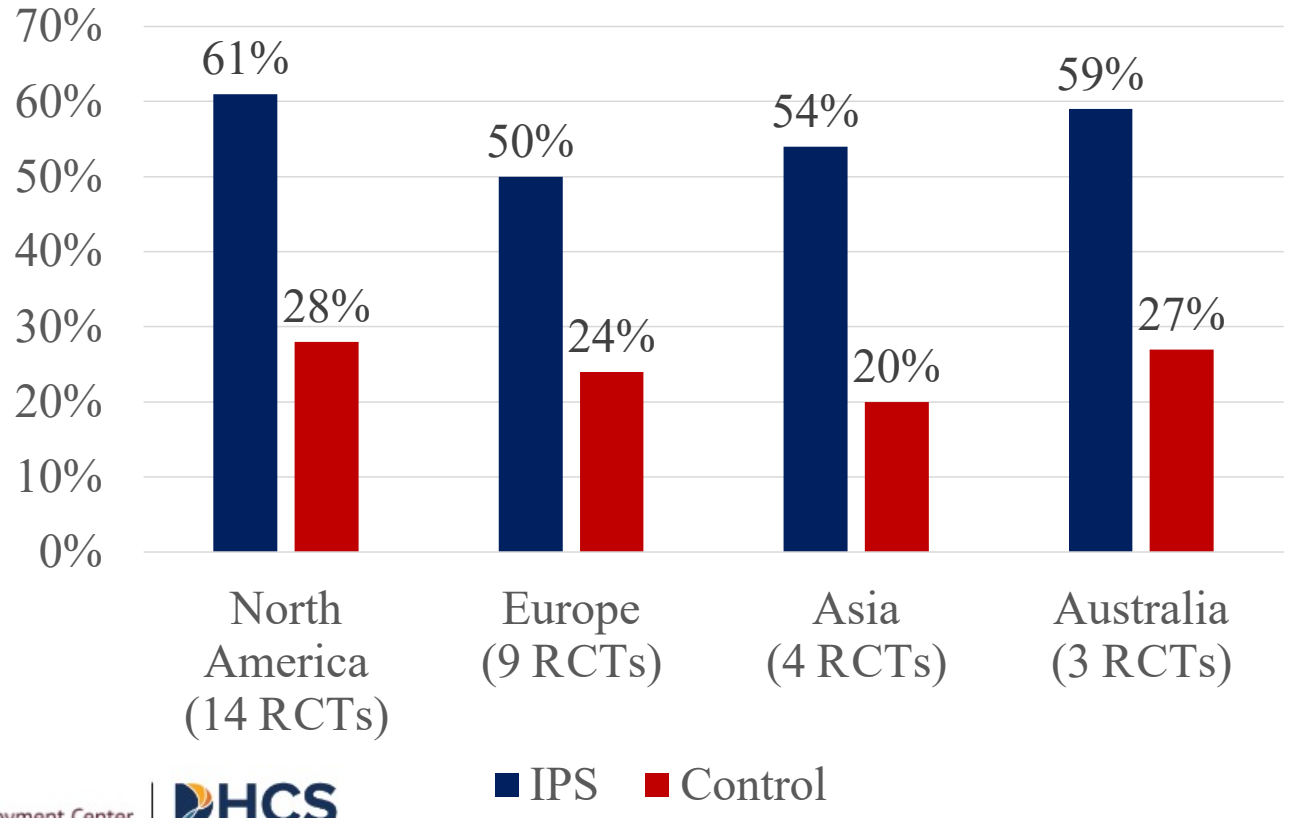
(Drake et al., 2020)

Comparison of Competitive Employment Rates in 30 IPS RCTs by Continent



(Includes RCTs of IPS for Participants with SMI, PTSD, or Early Psychosis)

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Summary:
IPS Effectiveness Outside US

- IPS effectiveness found in four continents
- In Europe, IPS has significantly better outcomes than controls but somewhat lower employment rates than in US
- Labor laws and disability policies affect employment outcomes

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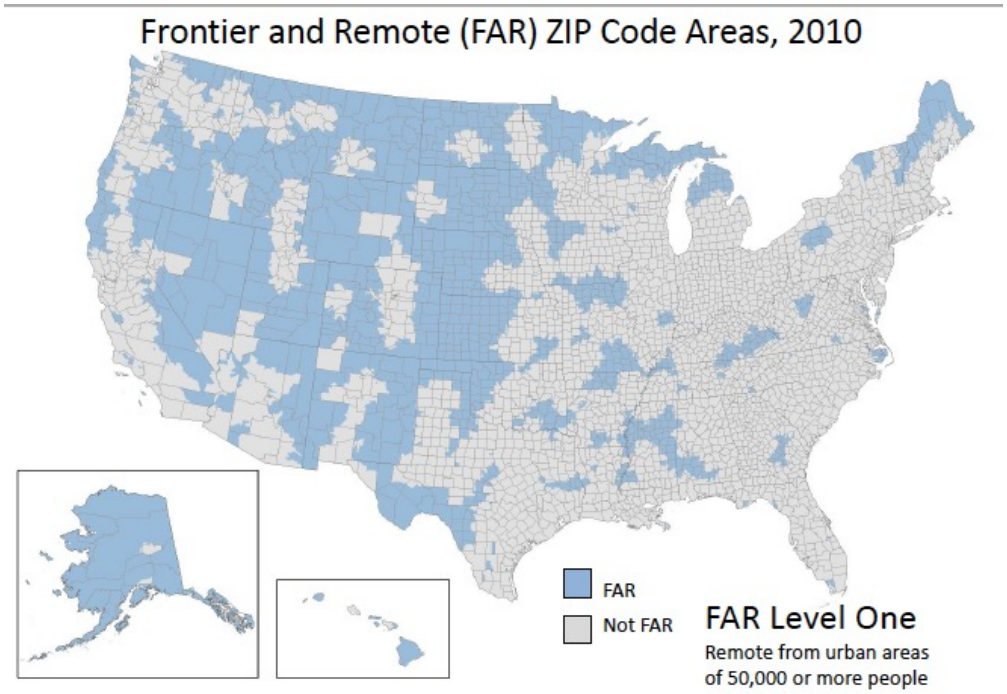
Barriers to Implementing IPS in Rural Areas

- Rural areas require traveling long distances for face-face services
- Many rural regions are poor
- Rural regions have health care professional shortages



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IPS Implementation Barriers and Strategies in Rural Communities: Qualitative Study

- Long distances, lack of public transportation and poor internet connectivity require creative strategies to job development and travel
- Limited jobs and closeness of business ownership affect job development and follow-along supports
- Local culture requires local knowledge and familiarity

Al-Abdulmunem et al. (2021)

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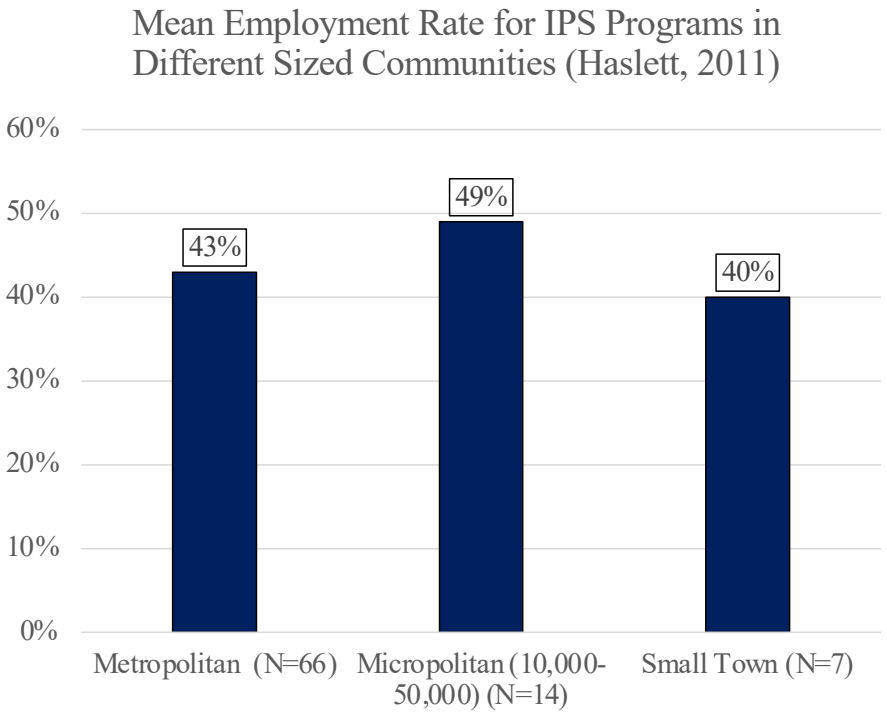
IPS Fidelity and Employment Rates Similar in Urban and Rural Communities

IPS Fidelity and Outcomes in Urban and Rural Communities (Luciano, 2014)

	Urban	Rural
Number of programs	N = 56	N = 23
Mean Caseload Size	66	42
IPS Fidelity	100 ± 14	104 ± 12
% Good Fidelity	64%	70%
Quarterly Competitive Employment Rate	36% ± 14 %	37% ± 14 %



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Australian evaluation of IPS found better employment outcomes in rural than urban sites

- 10 years of data collection in 4 rural and 5 urban IPS programs (N=1,167 clients)
- 36.3% obtained employment
- Job tenure averaged 45.5 weeks
- Strongest predictor of employment: IPS program located in rural community

(Robson et al., 2025)

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What are the outcomes from IPS?

① What employment outcomes does IPS impact?

② Does IPS impact nonvocational outcomes?

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Key Dimensions of Employment (Bond et al., 2026)

» All measures based on competitive jobs:

- Job acquisition (employment rate)
- Time to first job
- Amount of time worked (weeks worked)
- Total earnings
- Hours worked per week (part/full time)
- Sustained employment (over years)
- Job satisfaction

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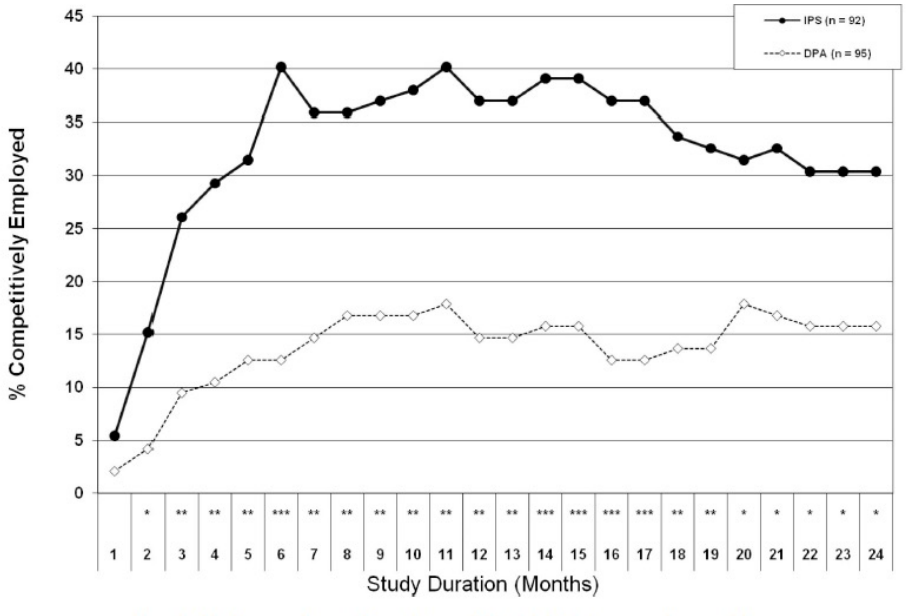
IPS Quickly Achieves and Then Maintains Higher Monthly Employment Rates – Examples from Two RCTs



(Bond et al., 2007)

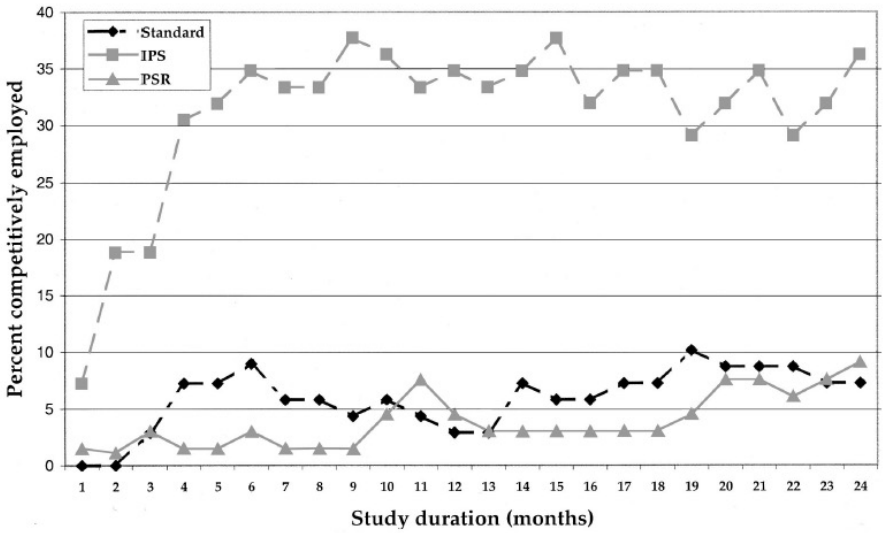


Figure 1. Monthly rates of competitive employment for clients in the standard services (Standard), individual placement and support (IPS), and psychosocial rehabilitation (PSR) programs.

(Mueser et al., 2004)

18-Month Competitive Employment Outcomes in 4 Controlled Trials of IPS (Bond et al., 2012)

	IPS	Control	p	d
	N = 307	N = 374		
Job acquisition	216 (70.4%)	91 (24.3%)	<.001	0.96
Work ≥20 hrs/wk	128 (41.7%)	50 (13.4%)	<.001	0.67
Days to first job	140	212	<.001	-0.58
Total hours	417.0	105.8	<.001	0.62

Compared to usual services, IPS has superior employment outcomes on numerous criteria

- 33% fewer days to first job
- Four times as many weeks worked during follow-up
- Triple the earnings from employment
- Triple the number working 20 hours/week or more
- Greater job satisfaction

(Bond, et al., 2020)

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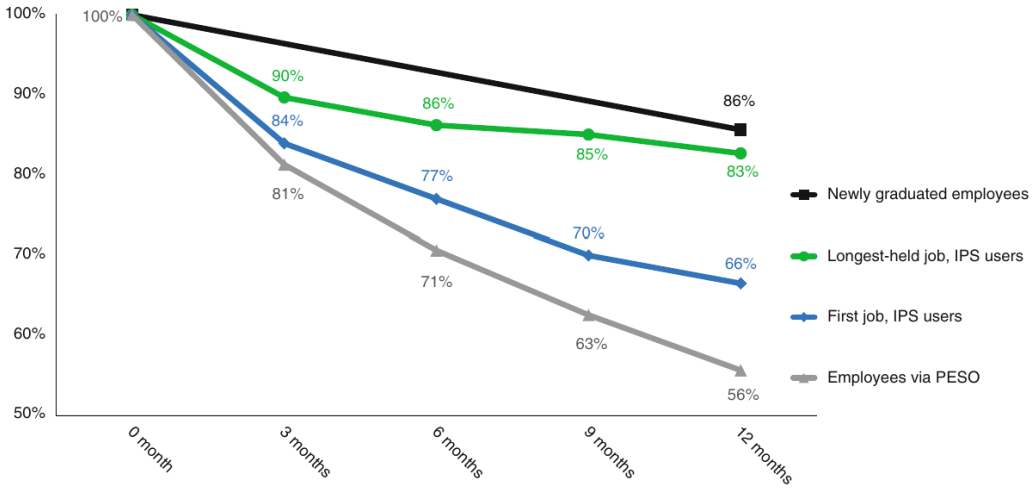
Mean Job Tenure in Two IPS Studies

Study	Follow-up Period	Job Tenure Measure	IPS	Usual Services
Bond & Kukla (2011)	2 Years	First IPS Job	10.0 mo. (N=142)	N/A
Hoffmann (2014)	5 Years	Longest-Held Job	24.2 mo. (N=46)	8.1 mo. (N=54)

Job retention at 12-month follow-up for 87 clients in 15 Japanese IPS Programs



At 12 months after starting their **first** job, 66% of IPS clients were still employed.

Among **longest held** jobs, 83% of IPS clients were still employed at 12 months.

(Yamaguchi et al., 2025)

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Employment Findings from 28 RCTs of IPS for SMI, PTSD, or Early Psychosis

Most RCTs find that IPS significantly improves all, or nearly all, measured dimensions of employment outcome

(Frederick & VanderWeele, 2019)

Does IPS Directly Impact Mental Health and Well-Being?

- Most RCTs have not found a direct impact of IPS on mental health, quality of life, or most other nonvocational outcomes (Frederick & VanderWeele, 2019; Kukla & Bond, 2013)

- A few exceptions: IPS > controls:
  - Improved interpersonal relationships (Mueller, 2019)
  - Improved mental health and well-being (Drake, 2013)

What are the long-term benefits of IPS?

- Systematic review of IPS studies assessing long-term employment outcomes (3.5 years or more after enrollment)

- 8 studies published between 2004 and 2025: 5 RCTs, 1 study comparing high and low fidelity programs, and 2 interview studies

(Drake & Bond, 2026)

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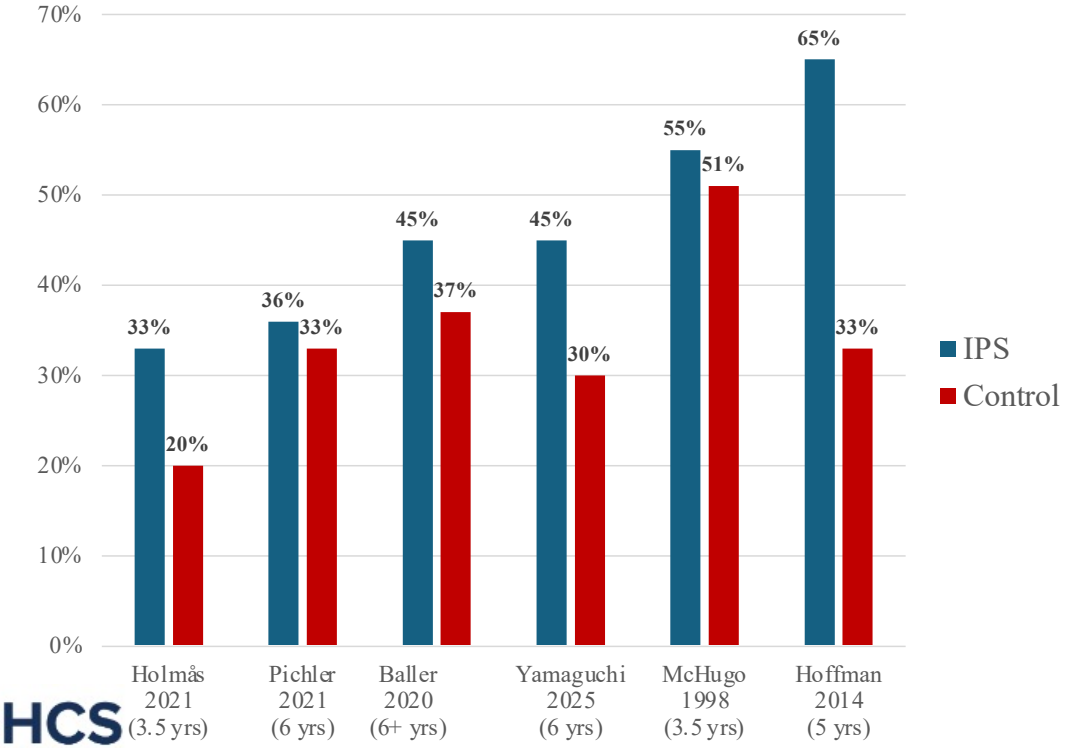
Long-Term Employment Rates: IPS vs. Controls in 6 Studies



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Steady Employment Over Long Term for IPS: Combined Data from 3 Studies

Program	Sample	% working at least half follow-up period
IPS	120	49%
Usual VR	54	11%

Follow-up periods: Hoffmann (2014): 5 years;
Salyers (2004): 10 years;
Becker (2007): 8-12 years

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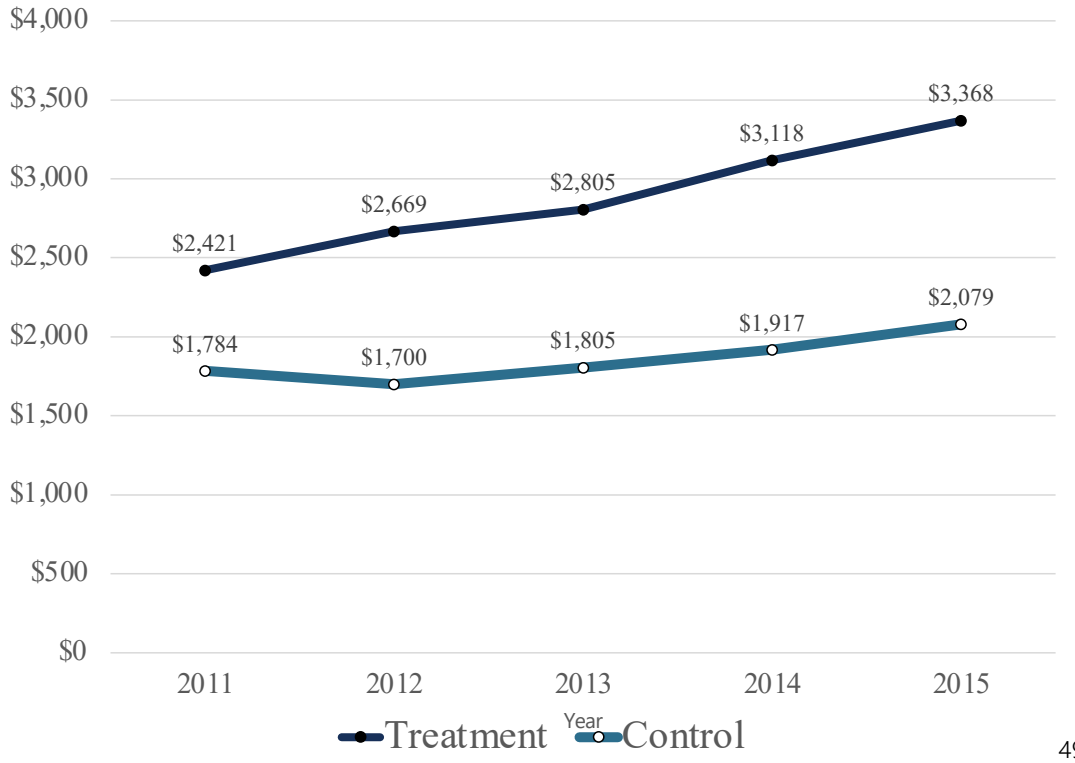
Long-Term Employment Earnings in RCT of IPS for SSDI Disability Beneficiaries (Baller, 2020)

Annual earnings (based on employer IRS filings) during 5-year follow-up
IPS > Control, $p < .001$

Mean annual earnings for IPS grew $950 (40%) over 5 years; controls increased $300 (17%)



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Is IPS cost effective?

- What are the average costs of IPS?
- Are there cost offsets (cost savings for receiving IPS)?
- How do IPS costs compare to other vocational services?

Annual Per-Client Cost of IPS Services (in 2022 US dollars)

Study	Location	Period of Study	Annual Per-Client Cost of IPS
Clark et al. (1996)	Rural NH	1990s	$4,140
Clark et al. (1998)	Urban NH	1992	$7,525
Dixon et al. 2002)	DC	1995	$5,279
Latimer et al. (2004)	National US sample (7 sites)	2004	$4,599
Shi (2012)	Montreal, Canada	2010-2011	$6,438
Salkever (2013)	7 MD programs	2005-2006	$7,194
Jordan et al. (2022)	12 VA hospitals	2013-2017	$7,000
	Mean Across Studies		**$6,025**

Cost Offsets for IPS:
Areas of Cost Savings for Receiving IPS

IPS…

- Had reduced psychiatric hospital use in some studies
- In short term, similar or more outpatient treatment
- In long term, reduced outpatient treatment
- Not yet rigorously studied: IPS impact on general health care, SSI/SSDI, and criminal justice system

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IPS Cost-Effectiveness Analysis (CEA) Studies (adapted from Zheng et al., 2022)

Primary Author (Year)	Design	Location	Clients Served	N	Months of Follow-up	IPS Fidelity	Analytic Approach	Total Costs	Findings
Clark (1998)	day treatment conversion	New Hampshire	SMI	184	12	good	cost offset	IPS < day treatment	After shifting to IPS, mental health center costs reduced by 29%
Clark, Xie (1998)	RCT	New Hampshire	SMI	143	18	good	cost-benefit	IPS = Control	
Dixon (2002)	RCT	Washington, DC	SMI	150	18	good	CEA	IPS > Control	
Heslin (2011)	RCT	UK	SMI	219	24	poor	CEA	IPS > Control	
Shi (2012)	RCT	Canada	SMI	149	12	good	CEA	IPS < Control	
Knapp (2013)	6-nation RCT	Europe	SMI	312	12	fair-good	CEA	IPS < Control	IPS had better health outcomes at lower cost (fewer days of hospitalization)
Hoffmann (2014)	RCT	Switzerland	SMI	100	60	good	cost-benefit	IPS = Control	Higher return on investment for IPS ($0.54 for IPS vs $0.18 for control)
Yamaguchi (2017)	RCT	Japan	SMI	111	12	fair	CEA	IPS < Control	IPS intervention was modified IPS and included cognitive remediation
Christensen (2021)	multisite RCT	Denmark	SMI	720	18	fair-good	cost-utility	IPS < Control	
Stroupe (2022)	multisite RCT	US Veterans	Vets with PTSD	541	18	good	CEA	IPS > Control	Per-client annual health care costs: IPS > control group ($4000)

Conclusions

- IPS is an evidence-based practice for clients with **SMI**, **PTSD,** and **early psychosis**
- Positive outcomes include all dimensions of employment outcome, including employment rate, length of time worked, and total earnings
- IPS participants often maintain positive employment outcomes for years after enrollment
- Cost and cost-effectiveness of IPS services compared to other vocational services varies across studies

Future Directions for IPS Research

- Conducting future evaluations IPS for people with other health conditions beyond SMI and determining whether IPS adaptations are needed
- Assessing long-term outcomes for IPS clients
- Determining cost-effectiveness of IPS
- Developing evidence-based strategies for increasing access to IPS

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Resources

https://ipsworks.org → Library → Search for "research" PowerPoint, reference list, and paper

Bond, G. R., Drake, R. E., & Becker, D. R. (2020). An update on Individual Placement and Support. *World Psychiatry, 19, 390-391. https://doi.org/10.1002/wps.20784*

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THANK YOU

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