Supported Employment in Europe

A trial of Individual Placement and Support IPS

Buenos Aires
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University of Oxford
EQOLISE

Enhancing the Quality Of Life and Independence of persons disabled by severe mental illness through Supported Employment

An RCT in London, Rimini, Ulm, Groningen, Zurich and Sophia
Extent of the problem

- More UK people on disability benefit for mental health (MH) problems than on Job Seekers’ allowance
- Cost to UK of lost work because of illness (£100,000,000,000): Dame Carol Black report
- ie same as cost of NHS or Portugal’s GDP
Two models of vocational rehabilitation

• ‘Train and place’ – structured activity
  – Countering deficits
  – Training skills
  – Sheltered employment and workshops

• ‘Place and train’ – direct job finding
  – Find a job, then support and train
  – ‘Supported employment’
  – ‘Individual Placement and Support’ (IPS)
US evidence

• 13 studies (5 RCTs) consistently and overwhelmingly favour IPS over train and place
• 20–60% obtain jobs in IPS
• 10–20% in train and place

• Accepted as the evidence-based standard
Why, then, another study?

- Good evidence from Assertive Community Treatment literature that Mental Health Services research into complex interventions may not travel

- Opportunity to exploit *differences* in European context to illuminate processes
Cultural attitudes towards work

• Amartya Sen: ‘throughout the 20th century’ :
  
  – The US has tolerated levels of relative *poverty* that would have brought down any European government
  – European governments have tolerated levels of *unemployment* that would have brought down any US government
US and Europe very different

• Employment culture
  – US ‘hire and fire’ versus European employment protection and stability

• Welfare state provision
  – European benefits generally higher
  –Varies considerably across Europe
Benefit trap

• Benefits > Salaries
  – Benefits to make up shortfall in salary;
  – UK, NT

• Benefits ≈ salaries
  – Benefits linked to previous income;
  – DE & SW

• Benefits < salaries
  – BG & IT (like USA)
The effectiveness of supported employment for people with severe mental illness: a randomised controlled trial

Tom Burns, Jocelyn Catty, Thomas Becker, Robert E Drake, Angelo Fioritti, Martin Knapp, Christoph Lauber, Wulf Rössler, Toma Tomov, Jooske van Busschbach, Sarah White, Durk Wiersma, for the EQOLISE Group*
Design and Method

- Randomised control trial (RCT) in six European countries
- Comparing ‘place and train’ (IPS) with ‘train and place’
- Psychotic patients with extensive unemployment
- Randomisation at the patient level,
  - Stratified using minimisation technique by:
    - Centre, gender and work history
- N=300, 50 from each centre
- Assessments at baseline, 6, 12 and 18 months
- Primary outcome open employment for one day
Services: IPS

• One IPS worker per site trained and centrally supervised

IPS Principles:

• Goal is competitive employment
• Rapid job search without lengthy pre-employment training
• Rehabilitation as an integral component of treatment rather than a separate service
• Services based on clients' preferences and choices
• On-going assessment
• Unlimited follow-along support
Three questions

1. Is IPS effective in Europe?

2. Is its effectiveness influenced by broader social factors?

3. Does return to work for SMI patients involve health risks?
Is IPS effective in Europe?
## Vocational outcomes

<table>
<thead>
<tr>
<th>Outcome</th>
<th>IPS</th>
<th>Vocational</th>
<th>Difference&lt;sup&gt;a&lt;/sup&gt;</th>
<th>95% CI&lt;sup&gt;a&lt;/sup&gt;</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Worked for at least one day</td>
<td>85 (54.5%)</td>
<td>43 (27.6%)</td>
<td>26.9%</td>
<td>(16.4, 37.4)</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Number of hours worked&lt;sup&gt;a&lt;/sup&gt;</td>
<td>428.8 (706.8)</td>
<td>119.1 (311.9)</td>
<td>308.7</td>
<td>(189.2, 434.2)</td>
<td></td>
</tr>
<tr>
<td>Number of days employed&lt;sup&gt;a&lt;/sup&gt;</td>
<td>130.3 (174.1)</td>
<td>30.5 (80.1)</td>
<td>99.8%</td>
<td>(70.7, 129.3)</td>
<td></td>
</tr>
<tr>
<td>Job tenure (days)&lt;sup&gt;a&lt;/sup&gt;</td>
<td>213.6 (159.4)</td>
<td>108.4 (112.0)</td>
<td>104.9%</td>
<td>(56.0, 155.0)</td>
<td></td>
</tr>
<tr>
<td>Drop-out from service</td>
<td>20 (12.8%)</td>
<td>70 (44.9%)</td>
<td>-32.1%</td>
<td>(-41.5, -22.7)</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Hospitalized</td>
<td>28 (20.1%)</td>
<td>42 (31.3%)</td>
<td>-11.2%</td>
<td>(-21.5, -0.90)</td>
<td>0.034</td>
</tr>
<tr>
<td>Percentage of time spent in hospital</td>
<td>4.6 (13.6)</td>
<td>8.9 (20.1)</td>
<td>-4.3</td>
<td>(-8.40, -0.59)</td>
<td></td>
</tr>
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</table>
Is IPS affected by local socio-economic circumstances?
Worked for a day by centre

![Bar chart showing the percentage of clients who worked for at least one day across different centres. The centres include London, Ulm, Rimini, Zurich, Groningen, and Sofia. The chart compares IPS and Vocational Service categories.]

- London: 50% IPS, 0% Vocational Service
- Ulm: 60% IPS, 20% Vocational Service
- Rimini: 70% IPS, 30% Vocational Service
- Zurich: 40% IPS, 60% Vocational Service
- Groningen: 30% IPS, 70% Vocational Service
- Sofia: 80% IPS, 20% Vocational Service
Effect of local unemployment rate on IPS vs outcomes
## Effect of benefit trap on getting a job overall

<table>
<thead>
<tr>
<th>Group by Benefit trap?</th>
<th>Study name</th>
<th>Event rate</th>
<th>Lower limit</th>
<th>Upper limit</th>
<th>p-Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>High risk</td>
<td>London</td>
<td>0.320</td>
<td>0.206</td>
<td>0.460</td>
<td>0.013</td>
</tr>
<tr>
<td>High risk</td>
<td>Groningen</td>
<td>0.308</td>
<td>0.198</td>
<td>0.445</td>
<td>0.007</td>
</tr>
<tr>
<td>High risk</td>
<td></td>
<td>0.314</td>
<td>0.231</td>
<td>0.410</td>
<td>0.000</td>
</tr>
<tr>
<td>Low risk</td>
<td>Ulm</td>
<td>0.481</td>
<td>0.350</td>
<td>0.615</td>
<td>0.782</td>
</tr>
<tr>
<td>Low risk</td>
<td>Zurich</td>
<td>0.269</td>
<td>0.166</td>
<td>0.405</td>
<td>0.001</td>
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<tr>
<td>Low risk</td>
<td></td>
<td>0.382</td>
<td>0.291</td>
<td>0.481</td>
<td>0.020</td>
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<tr>
<td>No risk</td>
<td>Rimini</td>
<td>0.462</td>
<td>0.332</td>
<td>0.597</td>
<td>0.579</td>
</tr>
<tr>
<td>No risk</td>
<td>Sofia</td>
<td>0.611</td>
<td>0.476</td>
<td>0.731</td>
<td>0.105</td>
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<tr>
<td>No risk</td>
<td></td>
<td>0.537</td>
<td>0.441</td>
<td>0.630</td>
<td>0.453</td>
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<tr>
<td>Overall</td>
<td></td>
<td>0.414</td>
<td>0.359</td>
<td>0.472</td>
<td>0.004</td>
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-0.65 -0.33 0.00 0.33 0.65
Does returning to work make you ill?
## Hospitalisation during study

### Difference between IPS and Vocational Services – vocational and hospitalisation outcomes

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Conclusions

• IPS is twice as effective in obtaining employment in Europe as standard rehab
  – 54.5% vs 27.6%
• Close to US levels
• Effect varies and is influenced by
  – Local unemployment rates
  – The benefit trap
• Patients are not made unwell by IPS
  – But…..
Supported employment: randomised controlled trial*

Louise M. Howard, Margaret Heslin, Morven Leese, Paul McCrone, Christopher Rice, Manuela Jarrett, Terry Spokes, Peter Huxley and Graham Thornicroft

Background
There is evidence from North American trials that supported employment using the individual placement and support (IPS) model is effective in helping individuals with severe mental illness gain competitive employment. There have been few trials in other parts of the world.

Aims
To investigate the effectiveness and cost-effectiveness of IPS in the UK.

Method
Individuals with severe mental illness in South London were randomised to IPS or local traditional vocational services (treatment as usual) (ISRCTN96677673).

Results
Two hundred and nineteen participants were randomised, and 90% assessed 1 year later. There were no significant differences between the treatment as usual and intervention groups in obtaining competitive employment (13% in the intervention group and 7% in controls; risk ratio 1.35, 95% CI 0.95–1.93, P = 0.15), nor in secondary outcomes.

Conclusions
There was no evidence that IPS was of significant benefit in achieving competitive employment for individuals in South London at 1-year follow-up, which may reflect suboptimal implementation. Implementation of IPS can be challenging in the UK context where IPS is not structurally integrated with mental health services, and economic disincentives may lead to lower levels of motivation in individuals with severe mental illness and psychiatric professionals.

Declaration of interest
None.
### SWAN
#### UK largest study

<p>| | | |</p>
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<tr>
<td>375 eligible</td>
<td>220 entered</td>
<td>198 followed up</td>
</tr>
<tr>
<td>75% psychosis</td>
<td>70% male</td>
<td>45% black</td>
</tr>
<tr>
<td>39 years old</td>
<td>GAF =50</td>
<td></td>
</tr>
<tr>
<td>Worked at one year</td>
<td>Experimental 13/14%</td>
<td>Control 7/8%</td>
</tr>
<tr>
<td>Model Fidelity</td>
<td>67% and 69% (good)</td>
<td>IPS contacts 9.3 mean</td>
</tr>
</tbody>
</table>
Further questions to answer

• Are all the components necessary?
  – IPS-LITE study

• Will the benefits be sustained?
  – How much pioneer/demonstration site effect?
  – Health care provided or voluntary?
  – What rates in routine, sustained services?

• What can we conclude from SWAN?