Comparing employment outcomes for two vocational services: Individual Placement and Support and non-integrated pre-vocational services in the UK

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Abstract. Vocational rehabilitation for people with severe mental health problems is poorly developed in the UK. Although a high proportion state they would like to work, few actually do. This paper reports a pre and post design comparing the outcomes of two vocational services in the UK: an Individual Placement and Support (IPS) service and a non-integrated pre-vocational service in addition to employment outcomes, we report fidelity ratings, service costs and findings from a survey of user experiences of mental health services two years after implementing IPS. The study shows that high fidelity IPS was significantly more effective in enabling people with severe mental health problems to gain and retain open employment. After two years of full IPS implementation a significantly greater proportion of service users reported that they received help with vocational needs with decreased unmet vocational need in comparison to the non-integrated pre-vocational service. In addition, service user expectations to gain open employment appeared to increase in comparison to the non-integrated pre-vocational service. The IPS service was 6.7 times financially more efficient in terms of delivering open employment outcomes than the non-integrated vocational service.

Keywords: Mental illness, supported employment, evidence-based practice, implementation

1. Introduction

The majority of people with mental health problems would like to work. Repeatedly studies in the UK have shown that over 70% of people with mental health problems would like to work [24,28]. However, despite this, 79% of people with mental health problems are unemployed [18]. People with severe mental health problems experience unemployment rates as high as 92% [20,22,30]. These high unemployment rates may in part reflect the level of disability experienced by people with severe mental health problems but they are also more likely to result from discrimination as unemployment rates are higher than other disabled people [18]. These high unemployment rates also indicate the low expectations of people with mental health problems in gaining and retaining work and the low priority given to employment within UK mental health services [8, 21,27,29].

Vocational rehabilitation in the UK is poorly developed for disabled people, people with health conditions [6] and for people with severe mental health problems [1,27]. Vocational services for people with severe mental health problems have principally taken the form of segregated sheltered workschemes [9]. Over time there has been the development of step-wise pre-vocational training involving a lengthy period of preparation in the form of both skills and personal develop-
ment in segregated environments before service users attempt to return to open employment.

It is estimated that over 65% of vocational services for people with severe mental health problems in England are in the form of sheltered employment and segregated pre-vocational training and education services [16]. It is only in the last couple of years that supported employment for people with severe mental health problems, in particular, the Individual Placement and Support (IPS) approach [2,12–14] has been brought to attention in the UK via a systematic review [9], policy directives [11,23,29], a randomised controlled trial [7] and experience within clinical practice [25,26].

This paper reports a pre and post design comparing the vocational outcomes of two vocational services in neighbouring localities in the catchment area of South West London & St George’s Mental Health NHS Trust in London. The outcomes of a newly established IPS service are compared with a well established non-integrated pre-vocational service. Ratings of fidelity to the IPS model and service costs were also assessed. In addition, a survey of service users experiences of mental health services was conducted two years after the implementation of IPS. This survey examined vocational met and unmet need among service users.

1.1. The services

In 2001, two service user groups carried out a qualitative survey of the employment needs of people with severe mental health problems across these two neighbouring localities in the catchment area of South West London & St George’s Mental Health NHS Trust. The findings showed there was a high demand for vocational rehabilitation across these localities. Service users reported mixed experiences with existing services and indicated that they were not effective in enabling them to gain and sustain open employment.

1.2. IPS service

In October 2003, a new IPS service was first established in the aforementioned locality. The IPS service was developed to assist service users served by four Community Mental Health Teams, which are specialist multi-disciplinary community mental health services for people with mental health needs that cannot be met by General Practitioners. Each team serves around 300 people at any one time. The staffing for the IPS services consisted of four full-time Employment Specialists and a half-time Lead Employment Specialist, who were integrated into each of the Community Mental Health Teams and collaborated with all the mental health professionals to provide optimal support to address the service users vocational needs. Employment Specialists were not clinicians, but people with experience of mental health and employment and were trained in both the IPS approach and welfare benefits (in relation to work/education) and had access to specialist welfare benefits advice. The IPS service also provided supported education services. The Employment Specialists worked closely with the all members of the Community Mental Health Teams forming good working relationships internally with the team and externally with employers, mainstream statutory employment services, colleges, and other employment/training services within the locality. Much of the ongoing support to retain employment/education was provided by care co-ordinators with both direct and indirect assistance from the Employment Specialist, this enabled the Employment Specialists to provide support to a greater number of people. In quarter 1 due to the set up of the new service and decommissioning of the previous service the Employment Specialists caseloads were higher than the recommended 25:1 Employment Specialist caseload. These caseloads reduced in quarter 2 averaging 25 per Employment Specialist for the rest of the 12-month period enabling a high fidelity score for caseloads. The annual budget allocation of the IPS service was €223,245 (Euro).

1.3. Non-integrated pre-vocational service

In the neighbouring locality, also consisting of four Community Mental Health Teams (managed within the same organisation), a well established non-integrated pre-vocational service for people with severe mental health problems provided pre-vocational training with support into employment with a staff team of 8 people. The aim of the service was to help people with mental health problems to prepare for employment and then to gain and retain employment. This service operated a step-wise ‘train and place’ approach to vocational rehabilitation. The service provided vocational training covering areas such as generic work skills, IT and catering. The service also provided personal development training in areas such as confidence building, assertiveness and stress management. In addition, the service provided work experience from a pool of local employers and helped service users with careers guidance and job seeking. None of the staff within
the service were mental health professionals but had backgrounds in training, education, support work and vocational rehabilitation. The annual budget allocation of the non-integrated vocational service was €546,124 (Euro).

2. Method

2.1. Comparison of vocational outcomes

Following full implementation of IPS in one locality in October 2003, a benchmarking exercise was conducted across the two neighbouring localities between January and December 2004. Data were collected by the Community Mental Health Teams in both localities during this period on all those service users who received a vocational intervention to evaluate the effect on vocational outcomes at quarterly intervals during the 12-month period. Data collected included demographic and clinical information (for example, age, gender, ethnicity, diagnosis). To ensure accuracy, data from the non-integrated pre-vocational service were checked against performance monitoring reports to commissioners.

To evaluate the processes and interventions provided by both the IPS service and the non-integrated pre-vocational service the IPS Fidelity Scale [3,4] was used. The fidelity ratings were independently rated by a research assistant from St George’s Medical School, London, UK.

2.2. Service user survey

In the last quarter of 2006, a questionnaire survey was conducted across South West London & St George’s Mental Health NHS Trust to find out what service users thought about the care they received and experienced from mental health services. Using the Healthcare Commission’s community mental health service users survey instrument [17], questionnaires were anonymously given out to service users of working age within localities through the Community Mental Health Teams with pre-paid return envelopes. One section of the survey asked service users to rate the support they have received within the community. One of the questions in this section asked, ‘In the last 12-months have you received any help with finding work?’. There were four response options: ‘Yes’, ‘No, but I would have liked some’, ‘I did not need any help’ and ‘I cannot work because of my mental health problems’.

3. Results

3.1. Comparison of vocational outcomes

During the 12-month period the IPS service served a total of 336 service users and the non-integrated pre-vocational service served a total of 268. Quarter 4 (October–December) data were used to analyse the demographic and clinical information: there were no significant differences in demographic or clinical information between services. There were no differences in gender with 50% (n = 145) being male in the IPS service and 47% (n = 106) in the non-integrated pre-vocational service (χ² = 0.37, d.f. 1, p = NS). Similarly, there were no differences in ethnicity, 79% (n = 229) were white in the IPS service and 83% (n = 187) in the non-integrated pre-vocational service (χ² = 1.58, d.f. 1, p = NS), or diagnosis (χ² = 4.65, d.f. 6, p = NS): 63% (n = 184) of service users in the IPS service and 61% (n = 137) in the non-integrated pre-vocational service had a psychotic diagnosis. The mean age of service users in the IPS service was 38.53 years (s.d. 11.48) and in the non-integrated pre-vocational service was 38.46 years (s.d. 11.15).

During the 12-month period the IPS service helped a total of 37% (n = 124) service users to obtain or maintain open employment, whilst the corresponding rate for the non-integrated pre-vocational service was 17% (n = 45). The IPS service helped significantly more service users to gain and retain employment during each quarter in the 12-month period than the non-integrated pre-vocational service, see Table 1.

In addition, Table 1 shows the number of people being supported into mainstream education/training and voluntary work in the IPS service and the non-integrated pre-vocational service for each quarter within the 12-month period. During the 12-month period the IPS service supported a total of 19% (n = 65) of service users in mainstream education/training and a total of 9% (n = 31) in voluntary work whilst the non-integrated pre-vocational service supported 5% (n = 13) in mainstream education/training and 3% (n = 8) in voluntary work. The IPS service helped significantly more service users to gain mainstream education/training within each quarter during the 12-month period than the non-integrated pre-vocational service. Similarly, the IPS service helped a significant number of service users to gain voluntary work during the 12-month period with the exception of Quarter 2. Table 1 clearly shows that the IPS service was far more effective than the non-integrated pre-vocational service at
Therefore the cost of supporting a person to gain/retain open employment was with severe mental health problems in the IPS service. The mean cost of enabling a person between the services in enabling people to gain/retain open employment was calculated by taking the total number of people who were supported to work in open employment during the 12-month period.

### 3.2. Fidelity

The IPS service scored 74 out of 75 indicating 'high implementation' of the IPS approach. The non-integrated pre-vocational service scored 34 out of 75 indicating 'low implementation', which could not be categorised as supported employment.

### 3.3. Costs

The primary function of both the IPS service and the non-integrated pre-vocational service was to enable people with severe mental health problems gain and retain open employment. The mean cost of supporting people to gain/retain open employment during the 12-month period.

<table>
<thead>
<tr>
<th>Month</th>
<th>Individual Placement and Support</th>
<th>Non-Integrated Vocational Service</th>
<th>$\chi^2$</th>
<th>d.f.</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>January–March</td>
<td>$n = 180$</td>
<td>$n = 178$</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Open employment</td>
<td>45 (25%)</td>
<td>9 (5%)</td>
<td>27.06</td>
<td>1</td>
<td>&lt; 0.001</td>
</tr>
<tr>
<td>Mainstream education</td>
<td>20 (11%)</td>
<td>1 (1%)</td>
<td>17.70</td>
<td>1</td>
<td>&lt; 0.001</td>
</tr>
<tr>
<td>Voluntary work</td>
<td>16 (9%)</td>
<td>1 (1%)</td>
<td>13.45</td>
<td>1</td>
<td>&lt; 0.001</td>
</tr>
<tr>
<td>April–June</td>
<td>$n = 203$</td>
<td>$n = 189$</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Open employment</td>
<td>54 (27%)</td>
<td>10 (5%)</td>
<td>32.53</td>
<td>1</td>
<td>&lt; 0.001</td>
</tr>
<tr>
<td>Mainstream education</td>
<td>31 (15%)</td>
<td>8 (4%)</td>
<td>13.31</td>
<td>1</td>
<td>&lt; 0.001</td>
</tr>
<tr>
<td>Voluntary work</td>
<td>10 (5%)</td>
<td>6 (3%)</td>
<td>0.76</td>
<td>1</td>
<td>NS</td>
</tr>
<tr>
<td>July–September</td>
<td>$n = 231$</td>
<td>$n = 201$</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Open employment</td>
<td>79 (34%)</td>
<td>14 (7%)</td>
<td>47.18</td>
<td>1</td>
<td>&lt; 0.001</td>
</tr>
<tr>
<td>Mainstream education</td>
<td>40 (17%)</td>
<td>8 (4%)</td>
<td>19.35</td>
<td>1</td>
<td>&lt; 0.001</td>
</tr>
<tr>
<td>Voluntary work</td>
<td>26 (11%)</td>
<td>3 (1%)</td>
<td>16.35</td>
<td>1</td>
<td>&lt; 0.001</td>
</tr>
<tr>
<td>October–December</td>
<td>$n = 291$</td>
<td>$n = 225$</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Open employment</td>
<td>115 (40%)</td>
<td>30 (13%)</td>
<td>43.06</td>
<td>1</td>
<td>&lt; 0.001</td>
</tr>
<tr>
<td>Mainstream education</td>
<td>53 (18%)</td>
<td>9 (4%)</td>
<td>24.24</td>
<td>1</td>
<td>&lt; 0.001</td>
</tr>
<tr>
<td>Voluntary work</td>
<td>26 (9%)</td>
<td>3 (1%)</td>
<td>13.82</td>
<td>1</td>
<td>&lt; 0.001</td>
</tr>
</tbody>
</table>

| Voluntary work | 26 (9%)                         | 3 (1%)                           | 13.82  | 1   | < 0.001|

The mean cost of enabling a person with severe mental health problems in the IPS service to gain/retain open employment was €1,800 per service user ($n = 124$) in contrast to €12,136 per service user ($n = 45$) in the non-integrated pre-vocational service. Therefore the cost of supporting a person to gain/retain open employment in the non-integrated pre-vocational service was 6.7 times more than in the IPS service.

### 3.4. Service user survey

The questionnaire survey had a mean response rate of 24%. Overall $n = 737$ service users responded to the question of whether they had received any help with finding work in the last 12-months (IPS service locality $n = 186$, response rate = 23% and in the non-integrated pre-vocational service locality $n = 551$, response rate = 27%), see Fig. 1. Where IPS had been implemented, 33% of service users said they had received help to gain/retain work. This was significantly higher than in the area where the non-integrated pre-vocational service was available where 16% said they had received help in comparison to the non-integrated pre-vocational services where 19% had not received help ($\chi^2 = 23.76$, d.f. 1, $p < 0.001$). This shows that a higher proportion of people received help to gain/retain work within the locality with the IPS service. Similarly, where IPS had been implemented, 12% of service users had not received help with finding work but would have liked help in comparison to the non-integrated pre-vocational services where 19% had not received help ($\chi^2 = 4.34$, d.f. 1, $p < 0.05$). Thus, survey results suggest that there was a lower level of unmet vocational need where IPS had been implemented.

In the locality where IPS had been implemented, a lower proportion of service users (33%) said they were unable to work because of their mental health problems in comparison to 43% of service users in the community served by the non-integrated pre-vocational services ($\chi^2 = 6.43$, d.f. 1, $p < 0.05$). This suggests that where IPS was implemented service users had higher...
expectations about their ability to be able to manage their conditions and gain and retain open employment and additionally, mental health professionals may see open employment as a realistic option.

4. Discussion

The data presented here strongly suggest that IPS was more effective than the non-integrated pre-vocational service in enabling people with serious mental health problems to gain/retain open employment, mainstream education/training and voluntary work in the UK. Through delivering a high fidelity IPS service, significantly greater vocational outcomes were achieved: during the 12-month period the IPS service supported 37% of service users in open employment whilst the non-integrated vocational service supported 17%. Along with better vocational outcomes, the IPS service significantly addressed a greater proportion of service user demand for help to gain/retain open employment and decreased the unmet need. Where IPS was implemented, service users expectations/motivation of being able to return to work were apparently higher (i.e. a smaller proportion believed they were unable to work because of their mental health problems), suggesting that a higher proportion of service users viewed open employment as a realistic option than in the non-integrated pre-vocational service. In addition, the costs of supporting service users to gain/retain open employment were significantly lower, 6.7 times lower, in the IPS service.

It is interesting to note that there were no differences in the service user demographic or clinical information between the two services suggesting that they were working with similar populations of people thus making this a realistic comparison between services and expected vocational outcomes. Contractually both services only took referrals from the Community Mental Health Teams either from mental health professionals or self referrals from service users.

The findings from this study support the literature on vocational rehabilitation for people with severe mental health problems specifically in regard to the type of support offered to enable people with mental health problems gain/retain open employment. This study illustrates that by implementing the IPS approach significantly greater outcomes were achieved whilst the two services worked with a similar cohort of people. The literature on client characteristics and vocational success identify the role of motivation alongside self efficacy as being robust indicators of vocational success [5,19]. It may be the case that through implementing high fidelity IPS a higher proportion of people felt able to return to open employment, a possibility that needs to be explored in longer term studies at a locality level to see if a greater number of service users are able to gain and retain open employment with the impact resulting in an increase in the very low employment rates traditionally found within mental health services in the UK.

There were several limitations to this study. Firstly, whilst there was a zero exclusion criteria to access the IPS service the non-integrated pre-vocational service used a ‘job readiness’ assessment as an eligibility criteria. The aim of the cost analysis was to gain an understanding of the differences in direct service costs...
of supporting people to gain and retain open employment; it was not to substitute for a formal economic analysis. Finally, there was a high non-response rate to the service user survey without additional testing for non-response effects, even so, this high non-response rate need not necessarily affect the validity of the data collected.

There is now increasing evidence that IPS can be generalised beyond the USA to a UK context from both a controlled trial [7] and clinical practice [25,26]. The findings in this further study support the efficacy of the IPS approach in the UK and reinforce the evidence-based principles of the approach [2] and in particular, the importance of integrating vocational interventions into the work of the clinical team. As Drake [15] has emphasised, through integration vocational interventions are clinically sensitive as they require the involvement of all mental health staff who are contributing to the person’s care: through such integration there is better engagement and retention of service users in the vocational service, clinical information is incorporated into vocational plans and better outcomes are achieved.

In conclusion, the data presented here strongly suggests that high fidelity IPS within a UK context has significantly greater effectiveness and financial efficiency than a non-integrated pre-vocational service.

References


