Case study: Using Evidence to Change Mental Health Services

Pippa Coutts, January 2018

We’ve all got mental health, and evidence suggests that decent work is good for our mental health1. However, for people with long-term mental health conditions finding and keeping work often presents an array of challenges. Only 26% of people with a long term mental health problem are in employment2, despite indications that more than half want to be.

Individualised Placement and Support (IPS) is an intervention, with a significant evidence base, which supports unemployed people with a mental health problem to gain and sustain appropriate, paid work. The Five Year Forward View for Mental Health3, in England, has set out ambitious targets for doubling the number of IPS services to enable 20,000 more people each year to gain sustainable employment. It’s an example of evidence having had an impact on policy, through the efforts of pioneers, who have used the evidence to make changes in mental health services, run demonstration projects and advocate for change.

IPS and evidence

IPS is an intervention that merges health and employment, providing individuals with tailored employability support according to a defined approach. It has its own fidelity scale to enable health services replicating it to be true to its principles and priorities. The evidence base for IPS has grown steadily over the last decade, with 24 studies now showing the advantages of IPS. IPS, when compared to controls, more than doubles the number of people supported into work.4 Randomised Control Trials (n=11) in the USA show 59% of people in the trials gained employment, versus 24% in the control, and in Europe (n=6) 44% versus 20%.5

How the evidence has been used

NHS Trusts, employability agencies and development centres have used the evidence to change services to provide more, and more appropriate and effective employment support to

2 TUC analysis of the Labour Force Survey, in Mental Health and Employment, May 2017
people with long-term mental health conditions. For example, since 2003, South West and Saint George’s Mental Health Trust has been introducing IPS employment specialists into its community mental health teams, and evaluating the impact. For the last decade, the Centre for Mental Health has been an advocate for the development, and evaluation of IPS Services, setting up Centres of Excellence and running the Department of Health funded Making IPS Work programme to support and encourage IPS in locality services. In 2016, Social Finance began Health and Employment Partnerships (HEP), using social finance to develop IPS services. These initiatives have led to a steady increase in IPS service provision, but still it’s not uniformly available.

Hence, it’s important that a target for the growth in IPS is now enshrined in policy in the Five Year Forward View for Mental Health in England.

In various parts of the UK, Jobcentre Plus has supported IPS service development, not least through referring clients to IPS services. In Scotland, the third sector, NHS and employment partnerships are the main providers of IPS. The provision of IPS services in Scotland is advocated by the Scottish Government in ‘Towards Work in Forensic Mental Health’ and ‘Realising Work Potential’ and, following advocacy and training by allied health professionals, some NHS services – including forensic services - have implemented IPS.

IPS is increasingly being trialled with other groups. For example, young people; people with alcohol and drug addictions; and people with more moderate mental health conditions, through the Access to Psychological Therapies Programme and IPS trial.

**Challenges**

IPS is based on the integration of health and employment support. Employment staff are embedded in clinical teams. Findings from Making IPS Work show that clinical staff can be supportive of IPS, with “stunning” referral rates from the pilot. This is in line with moving away from a predominately medical model of mental health, towards to the values of mental health recovery, and community mental health teams increasingly including a range of professions, like social workers and occupational therapists. However, incorporating IPS employment workers, many of whom don’t have IPS experience, can be difficult operationally at a time when mental health services are undergoing substantive change.

A particular challenge has been moving on from projects and a few vanguard services to a position of IPS being uniformly available. In light of diminishing budgets, NHS Trusts struggle to find resources to sustainably fund IPS services.

“Despite the evidence that IPS positively impacts on the numbers of individuals with mental health conditions finding employment, these services are not universally

---


7 Improving Access to Psychological Therapies (IAPT) is an NHS run service, introduced in 2008 to significantly increase the availability of NICE recommended psychological treatments for common mental health conditions.

8 The Scottish Recovery Network definition of recovery is: Recovery means being able to live a good life, as defined by the person, with or without symptoms.
available and funding for many existing IPS services unfortunately remains precarious” Dr Jean McQueen, IPS Trainer and Evaluator.

The impact

IPS is an effective employment intervention for people with long-term mental health conditions. IPS’s impact on the employment rate of groups with mental health problems is in contrast to mainstream employment programmes, which are notoriously poor at supporting people with mental health conditions. For example, only 9.5 percent of people with ‘mental and behavioural disorders’ supported by the Work Programme, found employment.

A recent analysis by Deloitte of IPS services run by the charity SAMH in Glasgow quantified the impact (£) on clients and NHS, compared to alternative provision\(^9\). It found that IPS clients had higher earning, due to better employment outcomes, and IPS also brought (what they termed, ‘non quantifiable’) health benefits. A reduction in welfare benefits claims meant a positive impact for the Government; and the NHS saved money through less use of health services by IPS clients. An evaluation of the NETWORK IPS service in Renfrewshire further demonstrated the impact of IPS on the NHS, with reductions in medication, psychiatry and psychology appointments recorded, leading to costs savings for the service of almost £140,000 per year.\(^10\)

Providers and clients of IPS see its impact beyond effectively supporting people to work. For example, the Making IPS Work evaluation found staff and clients’ confidence and morale increased when they were involved in the IPS programmes. As former clients of the NETWORK IPS service said:

‘Things are so much better, now I’m in work. I’ve got two girls and so me going to work shows them the importance of responsibilities whereas all they used to see was me sitting in the house kind of thing not functioning properly’ (client now working in retail: NETWORK IPS, Scotland)

and

‘Finding this job has had a positive impact on me, my anxiety and depression…but it’s not just me it’s my family, it’s my Mum and Dad it’s proving to them I’ve got a future and can be fully independent and more than just someone with a mental health condition’ (client now working in digital marketing: NETWORK IPS, Scotland).

The Future

For IPS to reach its full potential, NHS Boards and Trusts need to move resources into IPS provision. To fully understand the challenges around this, and overcome the barriers, NHS England and the Department for Work and Pensions have commissioned Social Finance and partners to scope a What Works Centre for Individual Placement and Support. ‘IPS

\(^9\) SUSE Conference, November 2017, SAMH Presentation: http://www.susescotland.co.uk/media/88625/helping_people_with_mental_health_issues_into_work_-_samh.pdf

Grow’ is a potential multi-year initiative to drive consistent delivery of high-quality IPS services among existing and new services, supporting NHS England's planned expansion of IPS services over the next three years.

This case study has been prepared by Pippa Coutts, the Alliance for Useful Evidence Research and Policy Lead, who has a background in mental health service development and disability employment support in Scotland.

I am grateful for the input and knowledge of Dr Jean McQueen, Glasgow Caledonian University; Kate Kewley, Social Finance and Jan Hutchinson, Director of Programmes and Performance, Centre for Mental Health.