

# IPS in Europe

## EQOLISE and beyond

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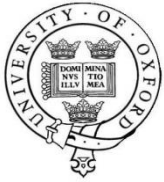




# Principles of IPS

1. Competitive employment
2. Open to anyone who wants to work
3. Rapid job search
4. Attention to client preferences
5. Time-unlimited support
6. Integrated with mental health care
7. Personalised benefits counselling

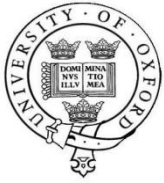




# International evidence

- >20 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 many US States and European countries





# EQOLISE, a European study

- Most research from the USA
- Europe very different
  - Welfare provision and employment legislation
- Exploit *context differences* to illuminate processes





# Design and Method

- RCT of 300 patients, 50 in six European countries
- IPS vs high quality 'train and place'
- Psychosis >2yrs unemployment >1 year
- Randomisation at the patient level,
  - Stratified using minimisation technique by:
    - Centre, gender and work history
- Assessments at baseline, 6, 12 and 18 months
- Primary outcome open employment for one day





# 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?





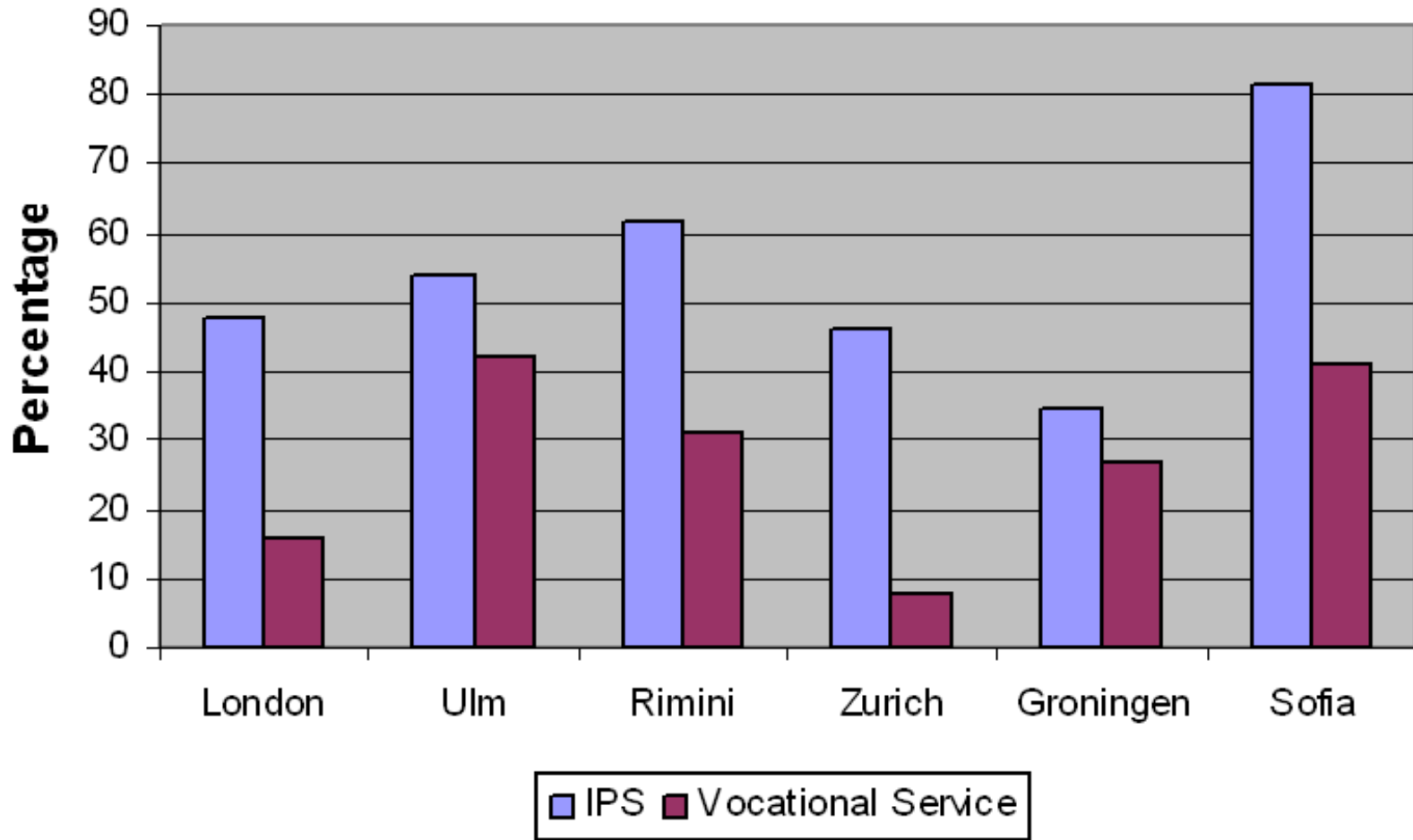
# Vocational outcomes

Difference between IPS and Vocational Services – vocational and hospitalisation outcomes					
Outcome	IPS	Vocational	Difference <sup>a</sup>	95% CI <sup>a</sup>	p-value
<b>Worked for at least one day</b>	<b>85 (54.5%)</b>	<b>43 (27.6%)</b>	<b>26.9%</b>	<b>(16.4, 37.4)</b>	<b>&lt;0.001</b>
Number of hours worked <sup>a</sup>	428.8 (706.8)	119.1 (311.9)	308.7	(189.2, 434.2)	
<b>Number of days employed <sup>a</sup></b>	<b>130.3 (174.1)</b>	<b>30.5 (80.1)</b>	<b>99.8%</b>	<b>(70.7, 129.3)</b>	
<b>Job tenure (days) <sup>a</sup></b>	<b>213.6 (159.4)</b>	<b>108.4 (112.0)</b>	<b>104.9%</b>	<b>(56.0, 155.0)</b>	
Drop-out from service	20 (12.8%)	70 (44.9%)	-32.1%	(-41.5, -22.7)	<0.001
Hospitalized	28 (20.1%)	42 (31.3%)	-11.2%	(-21.5, -0.90)	0.034
Percentage of time spent in hospital	4.6 (13.6)	8.9 (20.1)	-4.3	(-8.40, -0.59)	

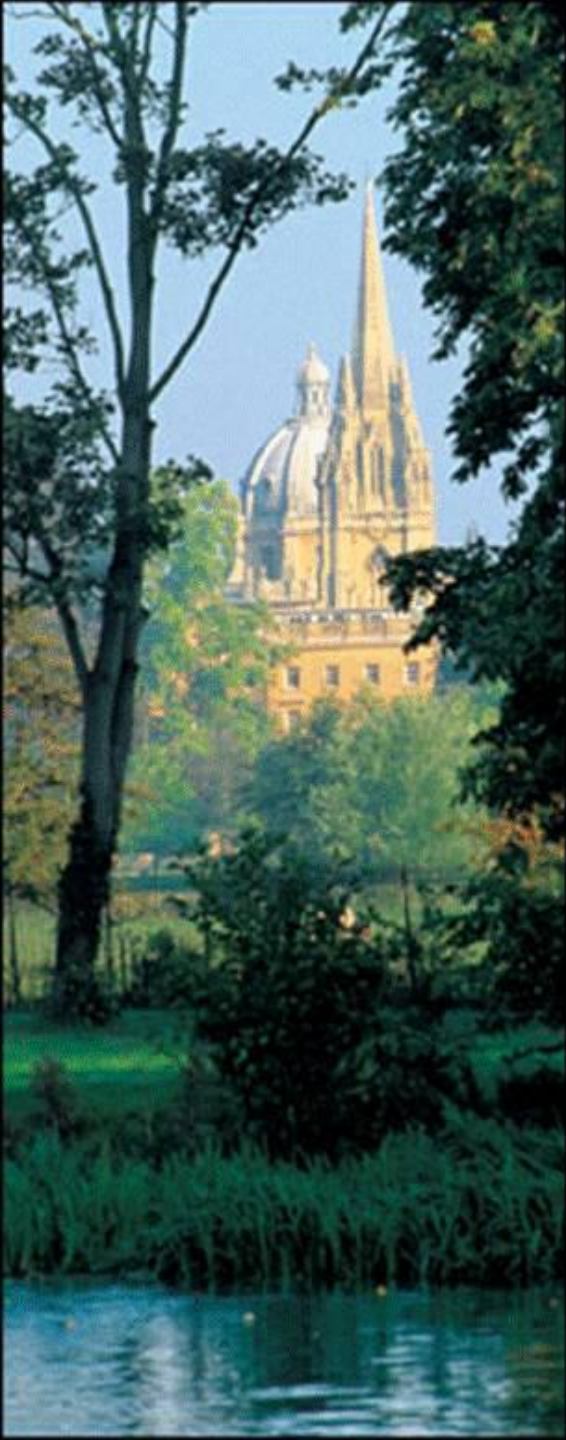




# Worked for a day by centre







Questions remain

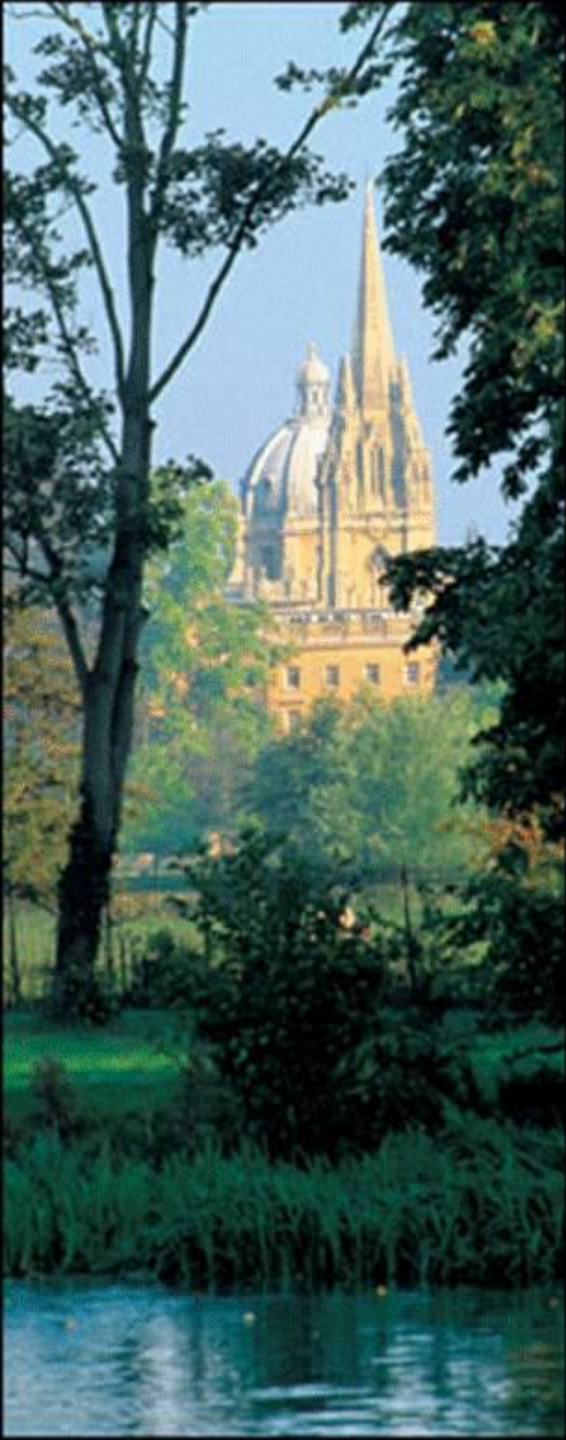




# Principles of IPS can conflict

1. Competitive employment
- 2. Open to anyone who wants to work**
- 3. Rapid job search**
- 4. Attention to client preferences**
- 5. Time-unlimited support**
6. Integrated with mental health care
7. Personalised benefits counselling





# Can IPS be streamlined?

## IPS-LITE

- 9 months, no job – refer back to MH team
  - ‘perhaps not the right time’
  - ‘welcome back if things change’
- 9 months in job
  - 4 months persisting support with discharge clearly understood
  - Back to MH team or discharge

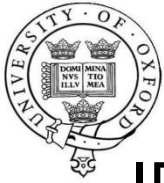




# Employment outcomes at 18/12

- |                             | One day  | Three months |
|-----------------------------|----------|--------------|
| • IPS (61)                  | 27 (46%) | 18 (31%)     |
| • IPS-LITE (62)             | 24 (41%) | 15 (25%)     |
| • Non significant advantage |          |              |





# Employed at 18 months

IPS (61)

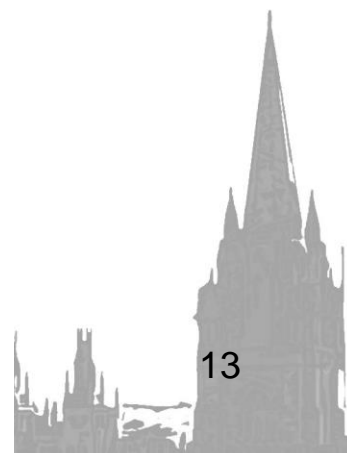
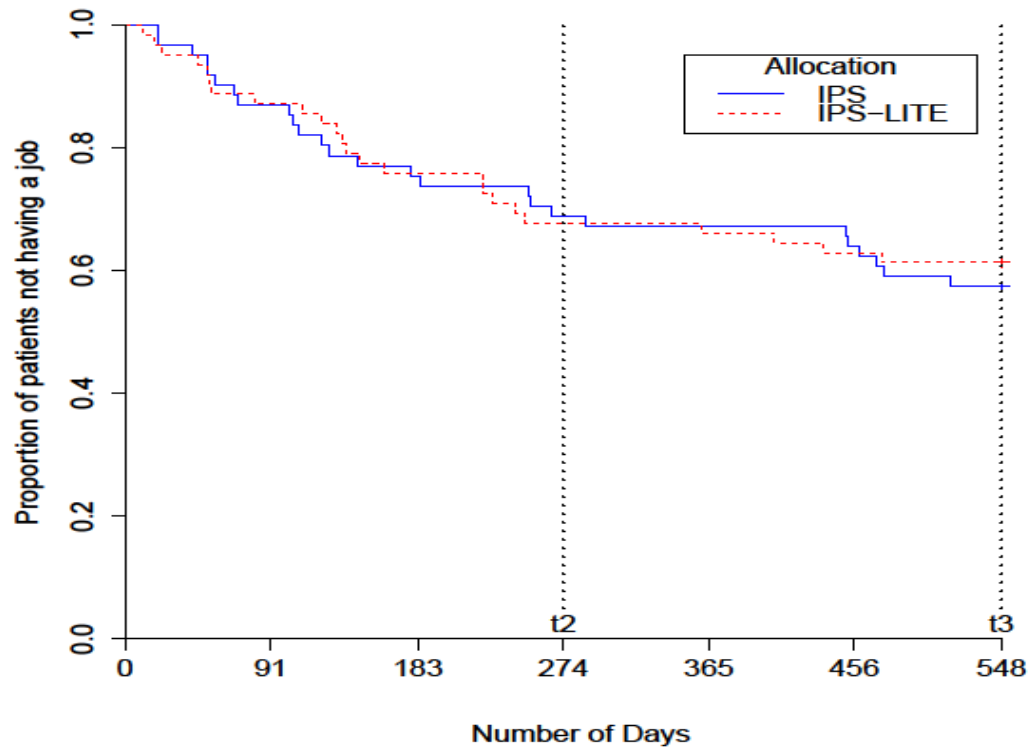
27 (46%)

IPS-LITE (62)

24 (41%)

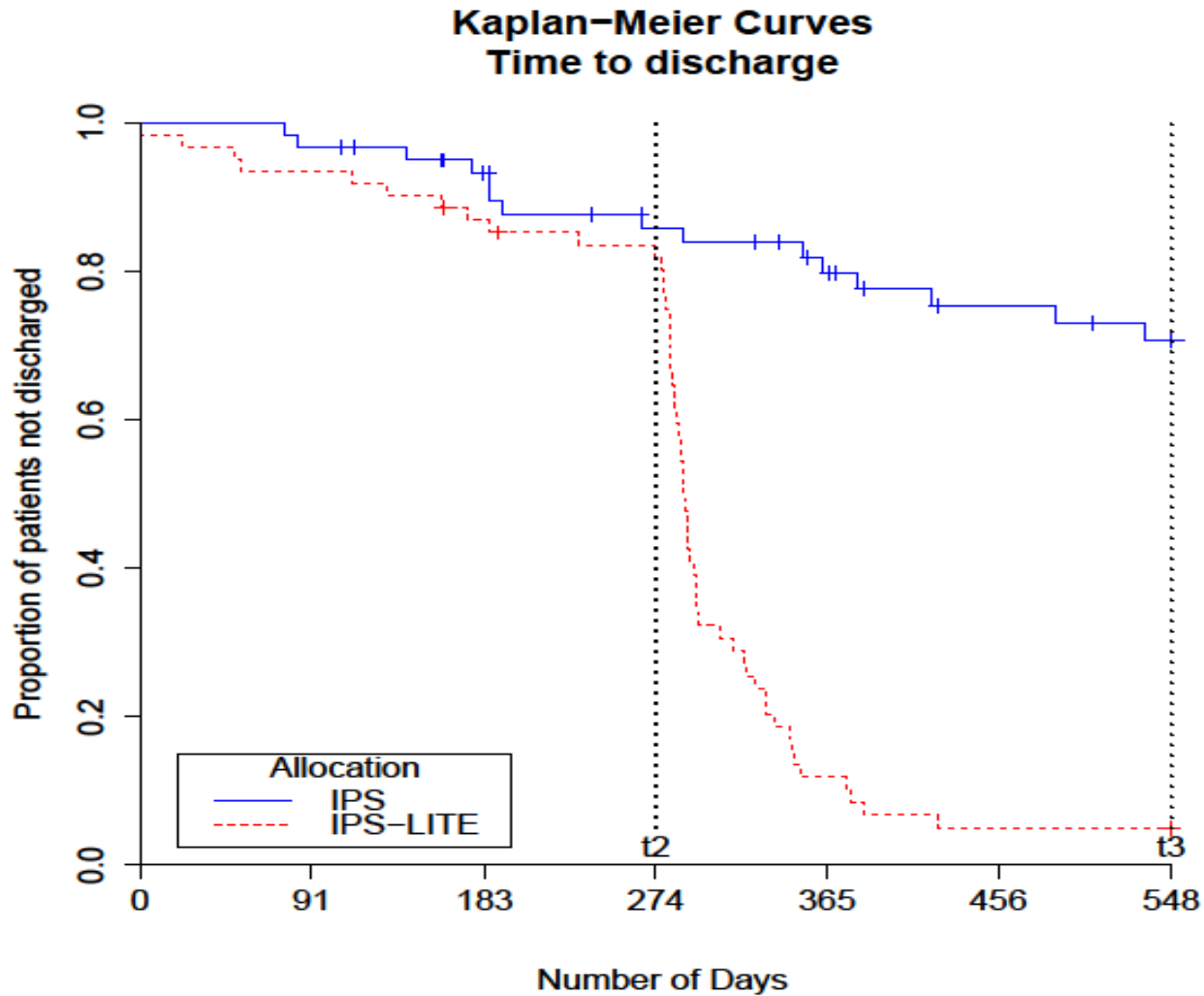
## Time to First Job

Kaplan-Meier Curves  
Time to First Job



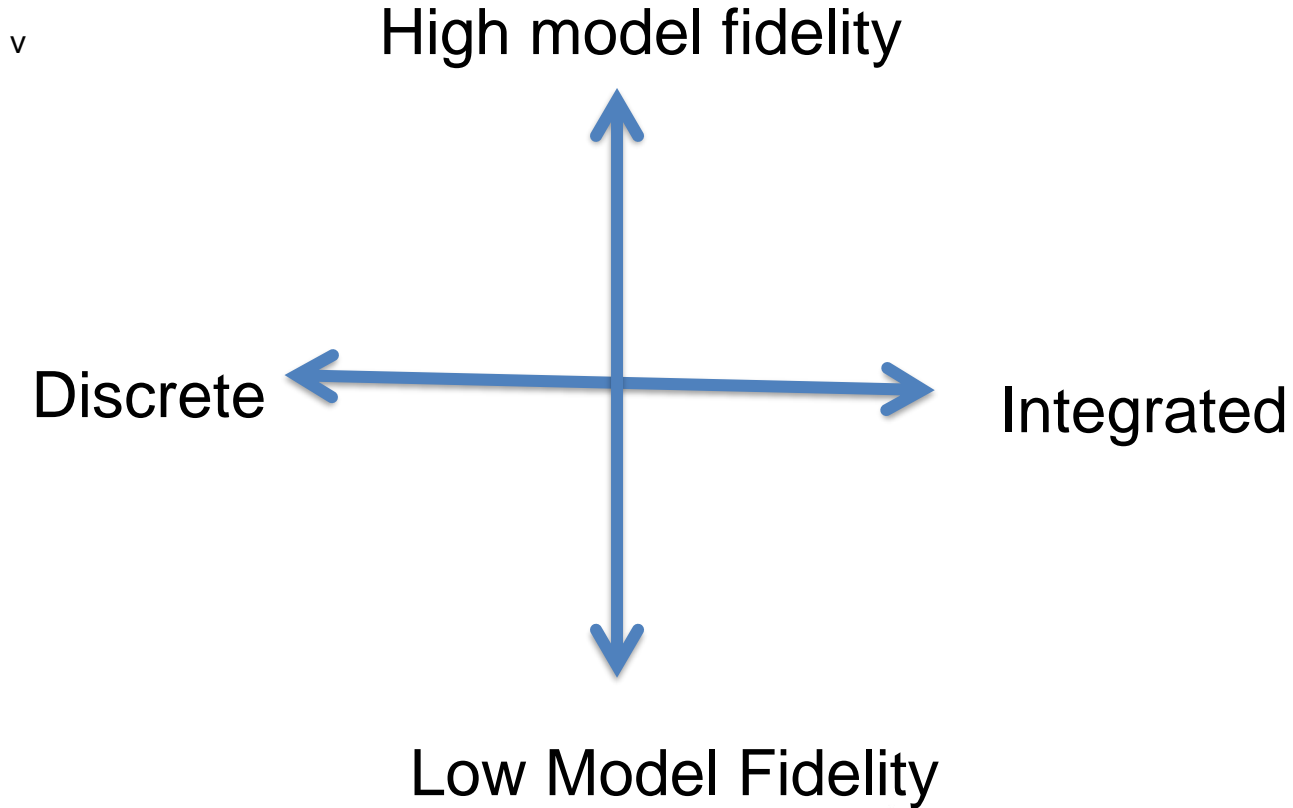


# Time to Discharge





# Flexing IPS



# Conclusions

- IPS is very effective
- Probably can be improved
  - Shortened, focused
  - Systematic approach needed
- Risk of over-complication
- Risk of drift





**Thank you for you time  
Greetings from Oxford**

