

# Making the Case for IPS Supported Employment

## (8-27-18)

### ***For most people with a mental illness, employment is part of their recovery.***

Most people with serious mental illness want to work. Over 6 of every 10 people with mental illness are interested in competitive employment,<sup>1-11</sup> but most surveys indicate that 15% or less are employed.<sup>12-16</sup>

### ***Individual Placement and Support (IPS) supported employment is evidence-based.***

IPS helps people join the competitive labor market.<sup>17, 18</sup> IPS is far more effective than other vocational approaches in helping people with mental illness to work competitively.<sup>19-21</sup> IPS has been found effective for numerous populations in which it has been tried, including people with many different diagnoses, educational levels, and prior work histories;<sup>22</sup> Social Security disability beneficiaries;<sup>23</sup> young adults;<sup>24, 25</sup> older adults;<sup>26</sup> veterans with post-traumatic stress disorder<sup>27, 28</sup> or spinal cord injury;<sup>29</sup> and people with co-occurring mental illness and substance use disorders.<sup>30</sup> IPS has been effective with every group in which it has been tested.

### ***IPS is cost-effective.***

Serious mental illness is a leading contributor to the global burden of disease.<sup>31, 32</sup> Working-age adults with serious mental illness constitute over one-third of the beneficiaries on the U.S. Social Security disability rolls and until recently were the most rapidly growing subgroup.<sup>33</sup> Once on the disability rolls, each year less than 1% of beneficiaries leave the disability rolls to return to work.<sup>34-36</sup> Because young adults experiencing a first episode of psychosis who gain employment are less likely to become dependent on disability benefits,<sup>37-39</sup> access to IPS may forestall entry for many into the disability system, resulting in reduced Social Security expenditures.<sup>19</sup>

IPS is an excellent investment, with a cost of about \$6000 per client in 2018 dollars.<sup>40, 41</sup> IPS is cost-effective over the long term when considering employment earnings, cost of rehabilitation and mental health treatment costs.<sup>42, 43</sup> Studies have found a reduction in psychiatric hospitalization days and emergency room usage by clients who receive supported employment.<sup>23, 44-46</sup> Receipt of IPS services is also associated with less involvement in the criminal justice system.<sup>47</sup> Service agencies converting their day treatment programs to IPS have reduced service costs by 29%.<sup>48</sup>

Over the long term, clients who return to work reduce their contact with the mental health system. A 10-year follow-up study of clients with co-occurring serious mental illness and substance use disorder found an average annual savings of over \$16,000 per client in treatment costs for steady workers, compared to clients who remained out of the labor market.<sup>49</sup>

### ***IPS improves long-term well-being.***

People who obtain competitive employment through IPS have increased income, improved self-esteem, improved quality of life, and reduced symptoms.<sup>50-54</sup> Nearly half of all clients who obtain a job with help from IPS become steady workers<sup>55</sup> and remain

competitively employed five years<sup>42</sup> or even a decade later<sup>56, 57</sup> – a rate that is quadruple that for clients who receive traditional services.<sup>42</sup>

***IPS programs have high rates of successful implementation and sustainment.***

The IPS model is a common sense, practical intervention that appeals to clinicians, clients, and the general public.<sup>58</sup> Quality of IPS implementation is measured using a standardized fidelity scale (<https://ipsworks.org/wp-content/uploads/2017/08/IPS-Fidelity-Scale-Eng1.pdf>).<sup>59</sup> Programs ordinarily achieve high-fidelity implementation within one year's time,<sup>60</sup> and high fidelity correlates with better competitive employment outcomes.<sup>61, 62</sup> With appropriate training, technical assistance, and supervision, agencies can implement with high fidelity, as shown in numerous implementation projects.<sup>23, 63, 64</sup> Agencies achieve higher fidelity when they obtain adequate funding, have committed leadership, and routinely monitor fidelity.<sup>65</sup> IPS has been successfully implemented in both urban and rural communities.<sup>66, 67</sup> Most IPS programs continue to offer quality services as long as adequate infrastructure remains in place. In one study, IPS programs had a two-year sustainment rate of 96%, compared to benchmark standards of 80% reported for other practices.<sup>64</sup>

***Most Americans with serious mental illness do not have access to IPS.***

Despite the benefits of IPS, access is limited or unavailable in many communities. The good news is that the International IPS Learning Community has grown to over 300 programs in 23 states and numerous programs in four international partners (Italy, the Netherlands, Spain and New Zealand) (<https://ipsworks.org/index.php/ips-international-learning-community/>). But overall penetration remains low: Only 2% of clients with serious mental illness in the U.S. public mental health system receive IPS in any given year.<sup>68</sup> During 2007, less than 1% of Medicaid patients with schizophrenia had an identifiable claim for supported employment.<sup>69</sup> Wider access to IPS would benefit people with serious mental illness, their families, taxpayers, and the general public.

**For more information and resources about IPS:**

**Contact IPS Employment Center**

<https://ipsworks.org>

**This document with complete references can be found at:**

<https://ipsworks.org/wp-content/uploads/2017/08/Making-the-case-for-IPS.pdf>