IPS LITE

Can IPS be streamlined?

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Vocational rehabilitation

- Traditional rehabilitation
  - Detailed assessment of of deficits and disabilities
  - Structured programme to address disabilities and deficits
  - Sheltered practice

- ‘Train and place’

Principles of IPS 'Place and train'

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
8. (Active job development)

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
  - Higher welfare provision
  - Greater employment protection

- 300 psychosis patients
- 6 countries
- 18month follow up

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[a]**	**95% CI[a]**	**p-value**
Worked for at least one day	**85 (54.5%)**	**43 (27.6%)**	**26.9%**	**(16.4, 37.4)**	**<0.001**
Number of hours worked [a]	428.8 (706.8)	119.1 (311.9)	308.7	(189.2, 434.2)	
Number of days employed [a]	**130.3 (174.1)**	**30.5 (80.1)**	**99.8%**	**(70.7, 129.3)**	
Job tenure (days) [a]	**213.6 (159.4)**	**108.4 (112.0)**	**104.9%**	**(56.0, 155.0)**	
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)	

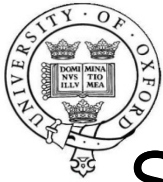
Worked for a day by centre

Percentage

90
80
70
60
50
40
30
20
10
0

London | Ulm | Rimini | Zurich | Groningen | Sofia

IPS   Vocational Service



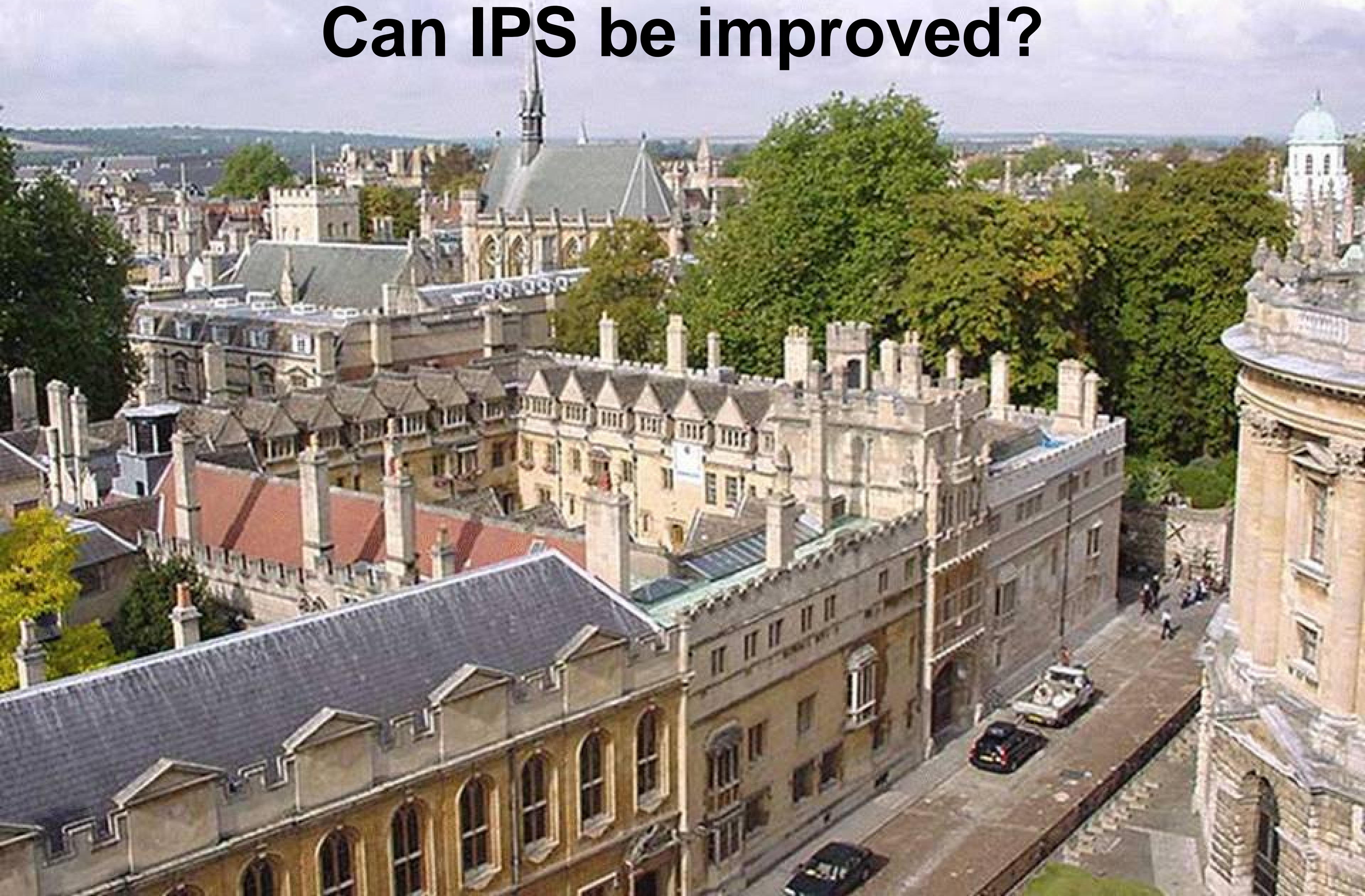
Socio-economic sources of heterogeneity

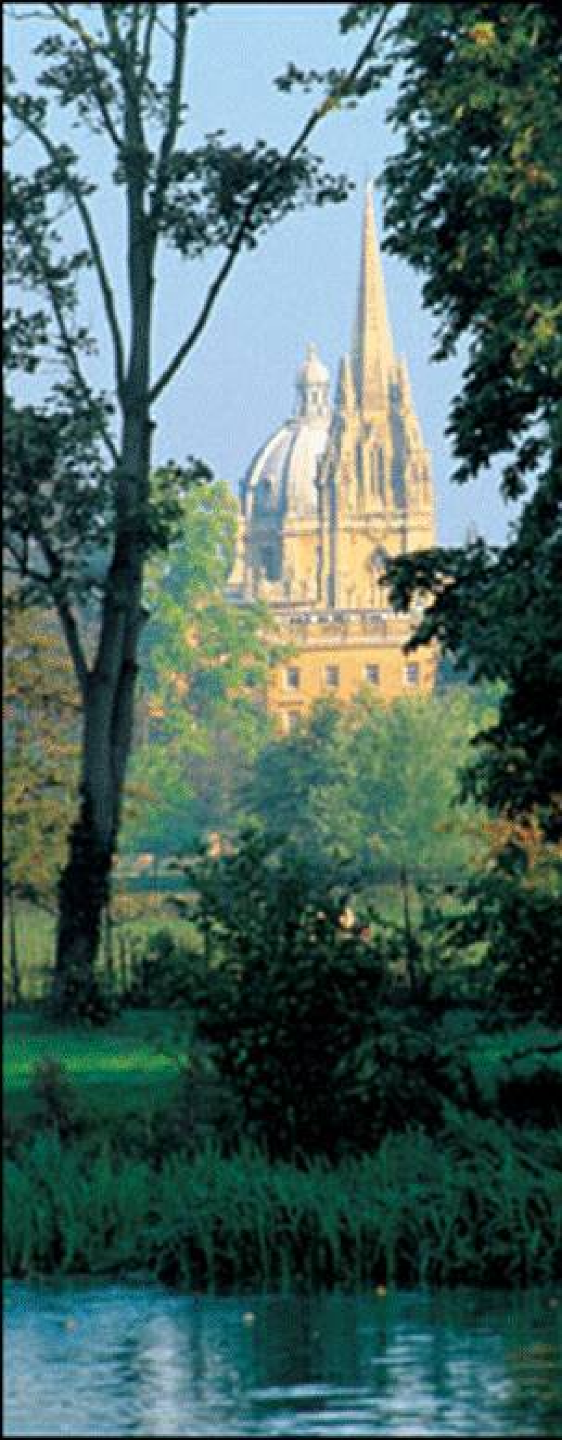
	IPS effect	Getting a job
Local unemployment rates	0.016	0.001
GDP per capita growth		0.002
% GDP spent on health		
Long term unemployment		0.001
Benefit trap		0.004

Hospitalisation during study

Difference between IPS and Vocational Services – vocational and hospitalisation outcomes					
Outcome	**IPS**	**Vocational**	**Difference**	**95% CI**	**p-value**
Worked for one day at least	85 (54.5%)	43 (27.6%)	26.9%	(16.4%, 37.4%)	<0.001
Number of hours worked [a]	428.8 (706.8%)	119.1% (311.9%)	308.7%	(189.22%, 434.17%)	
Number of days employed [a]	130.3 (174.1%)	30.5 (80.1%)	99.8%	(70.71%, 129.27%)	
Job tenure (days) [a]	213.6 (159.4%)	108.4 (112.0%)	104.9%	(56.03%, 155.04)	
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%)**	

What next?
Can IPS be improved?





What next?

- Add refinements?
  - CBT, motivational interviewing?
- Slim down IPS?
  - Time limited support
  - Observations from EQOLISE

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

Hypotheses

- Less effective but higher throughput thus
- More cost beneficial
  - Lower right hand corner of cost-benefit plane

- More effective
  - Focuses both client and job coach on getting on with it

Employment outcomes at 18/12

- IPS (61) 27 (46%)
-
- IPS-LITE (62) 24 (41%)
-
- Non significant advantage

Time to First Job

Kaplan−Meier Curves
Time to First Job

Allocation
IPS
IPS−LITE

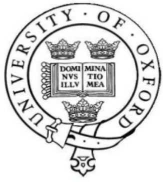
Proportion of patients not having a job

1.0
0.8
0.6
0.4
0.2
0.0

t2
t3

0
91
183
274
365
456
548

Number of Days



Time to Discharge

Kaplan−Meier Curves
Time to discharge

Proportion of patients not discharged

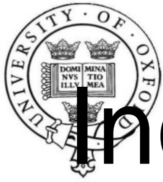
1.0
0.8
0.6
0.4
0.2
0.0

Allocation
IPS
IPS−LITE

t2
t3

0 91 183 274 365 456 548

Number of Days



Increased capacity from discharges

- IPS 12.7% 30.6 returns to work
- IPS LITE 46.5% 35.8 returns to work
- Impact of discharges will be cumulative

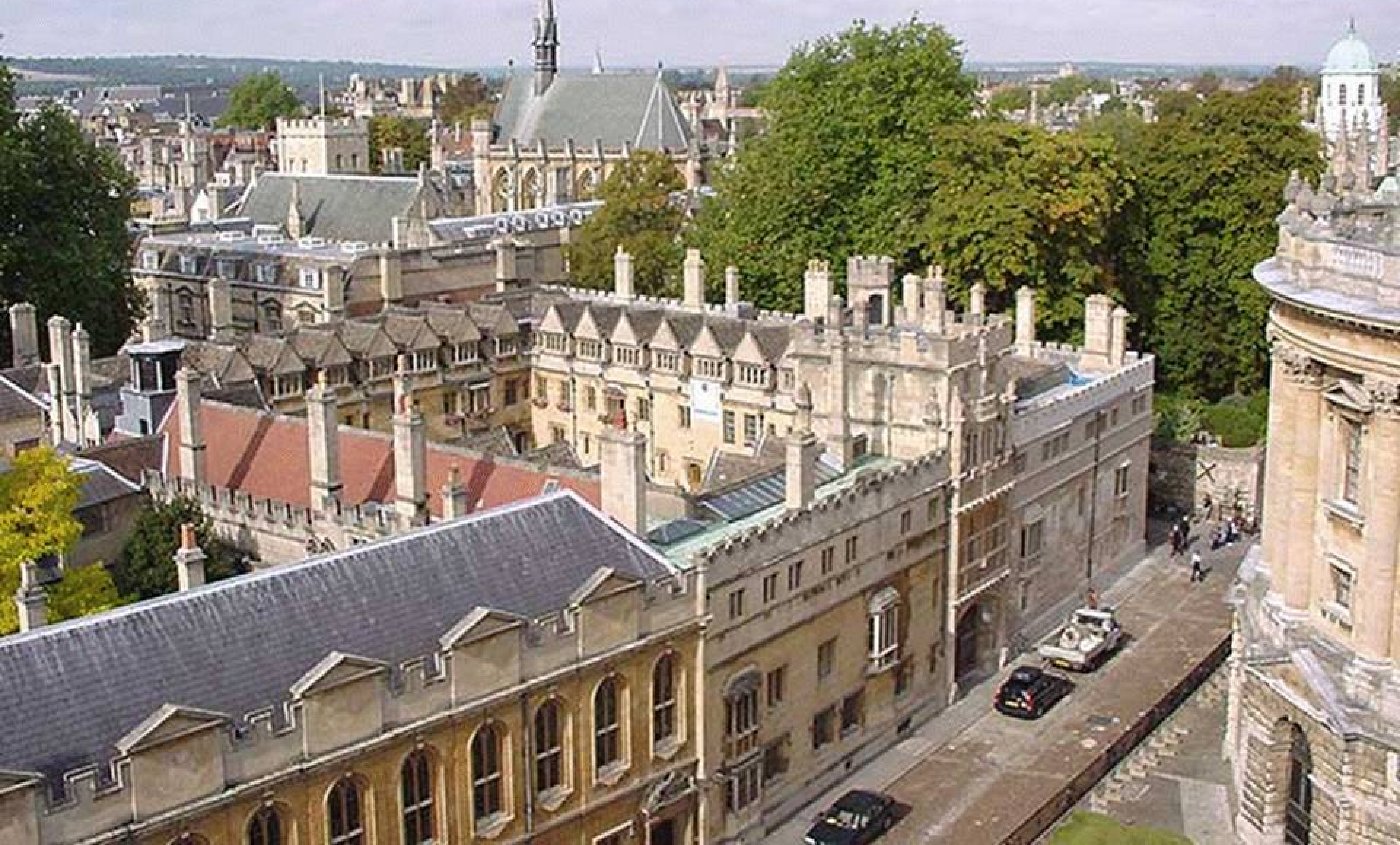
Conclusions

- IPS is very effective in Europe
- IPS-LITE equally effective
- Cheaper with improved access
- More effective over time?

- IPS Risk of over-complication

- Confidence and stigma not psychopathology

Thank you for you time
Greetings from Oxford



We don’t mind!

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