

## **IPS – implementation in practice**

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# Consequences of unemployment



- 2-3 times increased risk of all-cause mortality
- Double risk of functional disorders
- Increased prevalence in mental disorders
- 25 times higher suicide rate in young men
- Not due to confounding

Roelfs et al. (2011) *Soc Sci Med*; Meneton et al. (2015) *Int Arch OEH*; Bartley et al. (2004) *J Epi Com Health*; Thomas et al. (2005) *J Epi Com Health*

# OECD – Mental health and Work

*“Currently intervention often comes too late, key stakeholders are left out, and different institutions and services tend to work in isolation”*

## Worker perspective:

Meta-synthesis of 8 qualitative studies:

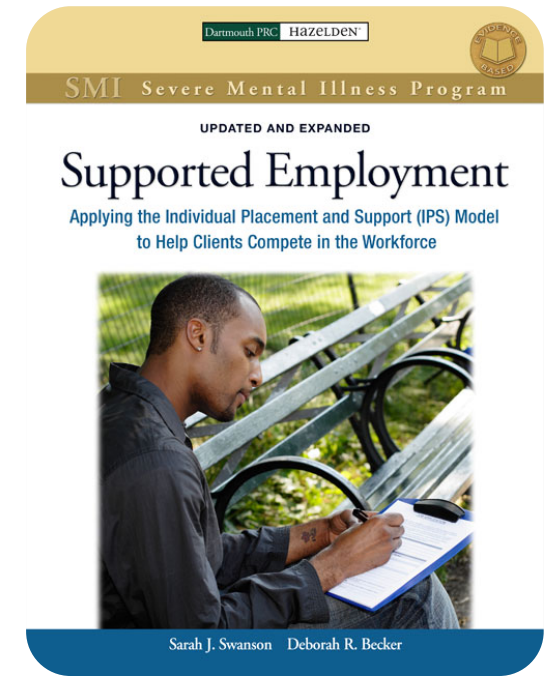
*“Insufficient coordination between the social and rehabilitation systems”*

# One successful model: IPS

- Employment as part of treatment
- Philosophy:

*Anyone who wants to work can work, if provided with individual support and a good match between job and person*

- Manual-based, fidelity-scale
- Job specialists



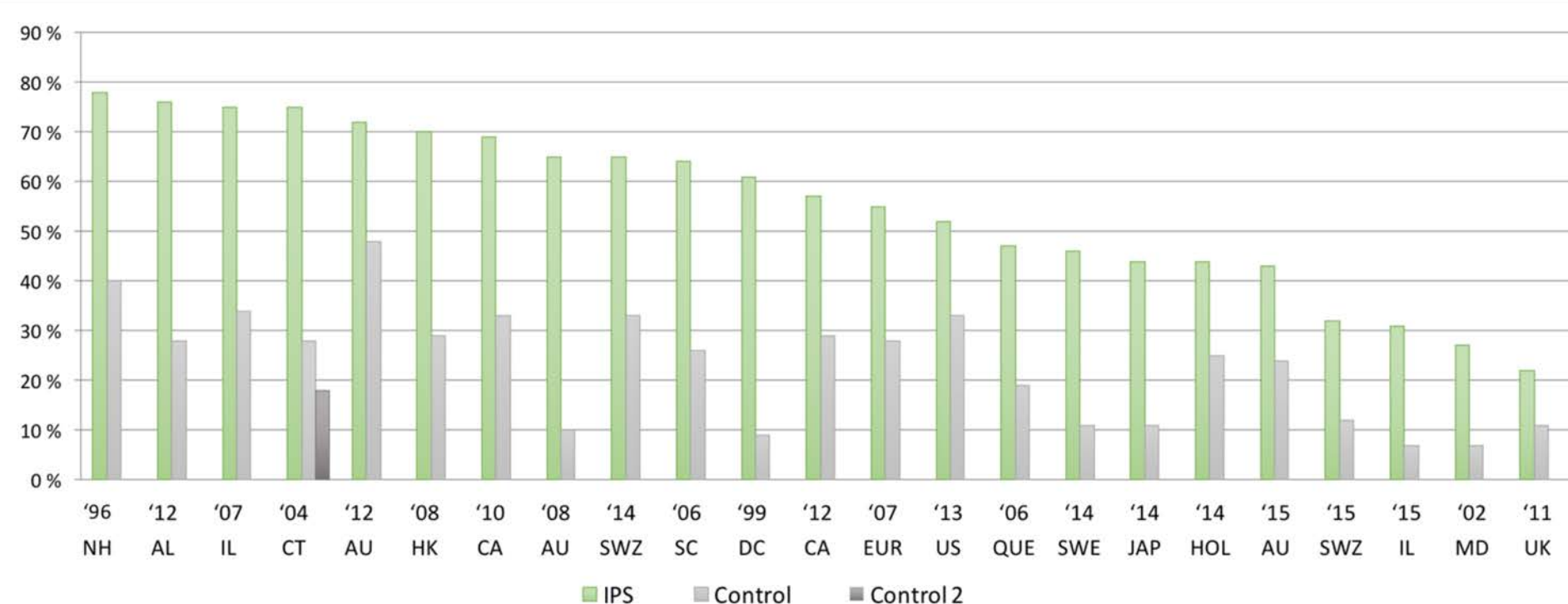
# Key person: The job specialist

- Knows the labor market well
- Spends 65-70% of the work day outside the office
- Follow-up of max. 20 persons
- Collaborates with mental health personnel
- Part of a team



# Evidence for IPS (severe mental illness)

- Evidence from 23 RCTs
- Mean 55% vs. 23% on competitive employment outcome



# Agenda



- ✓ IPS for severe mental illness
- ✓ IPS for young at risk of permanent disability
- ✓ IPS for chronic pain
- ✓ IPS for common mental disorders



# Agenda



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# IPS for moderate/severe mental illness

- Funded by the Directorates of Health and Labour
- Multicenter randomized controlled trial
- IPS vs traditional train-and-place interventions
- N=409

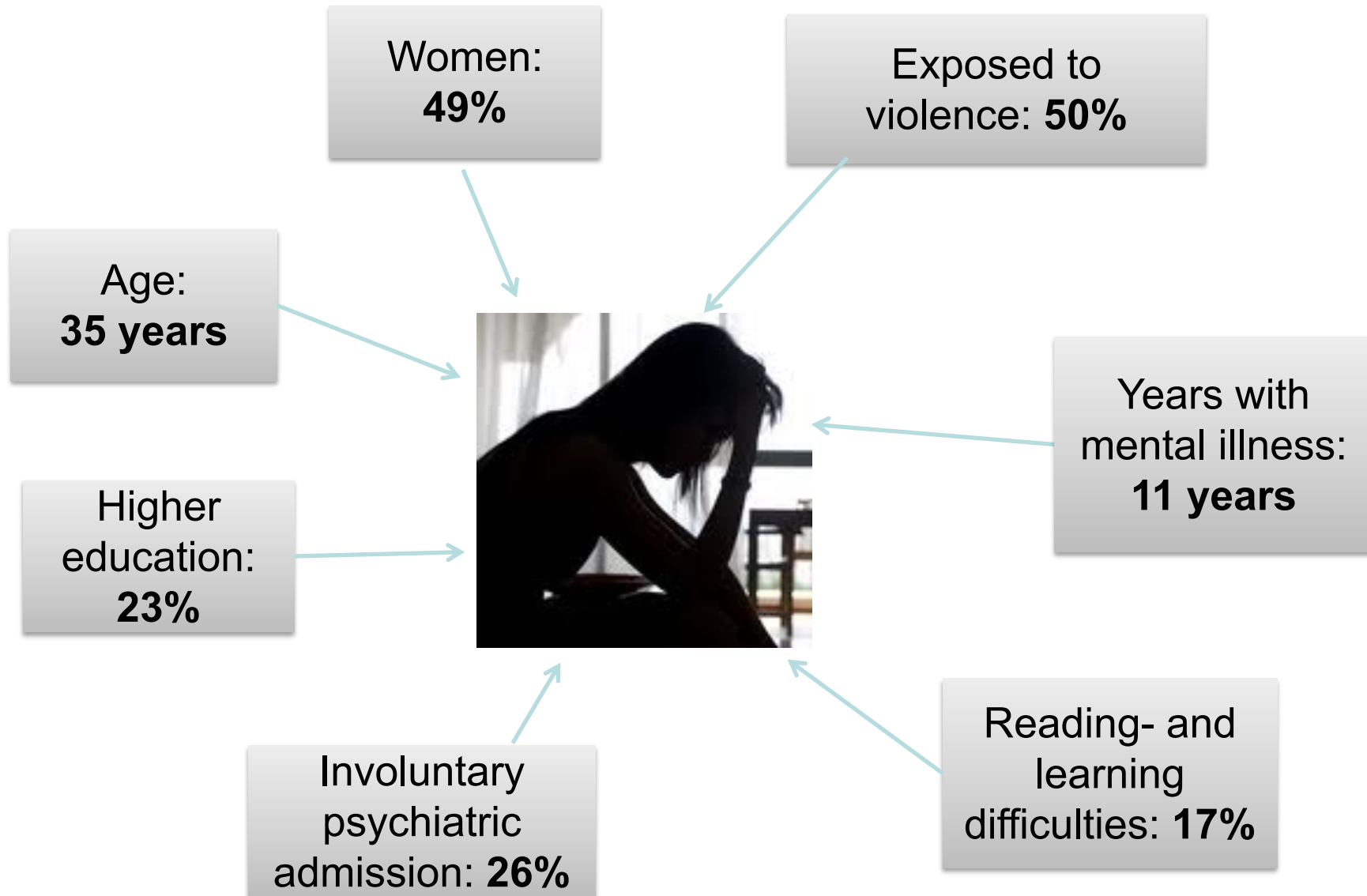


**Helsedirektoratet**  
Norwegian Directorate of Health

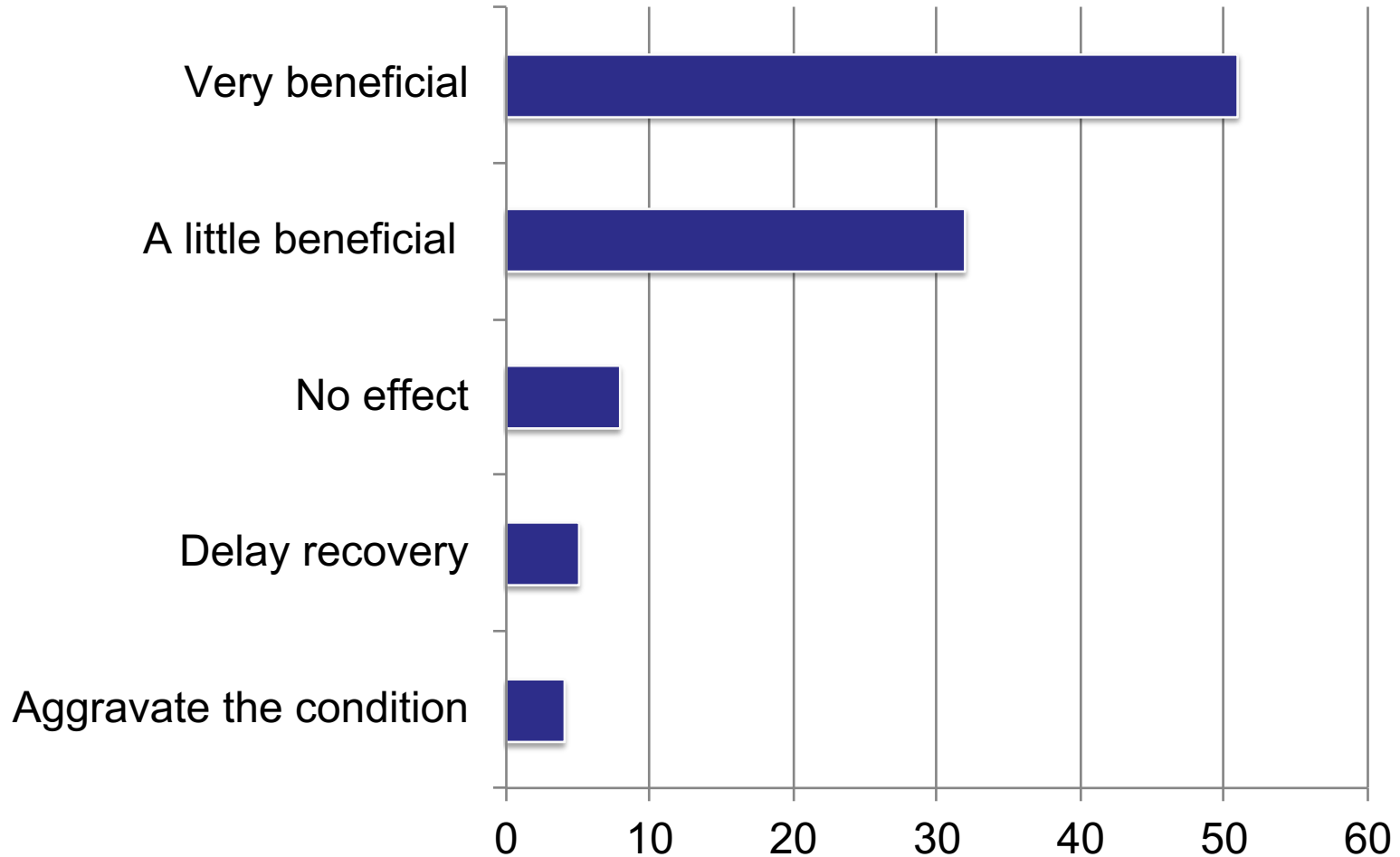


# Psychiatric screening

- Severe mental illness: 45%
  - Psychotic disorders and bipolar disorder
- Moderate mental illness: 55%
  - Major depressive episode and anxiety disorders

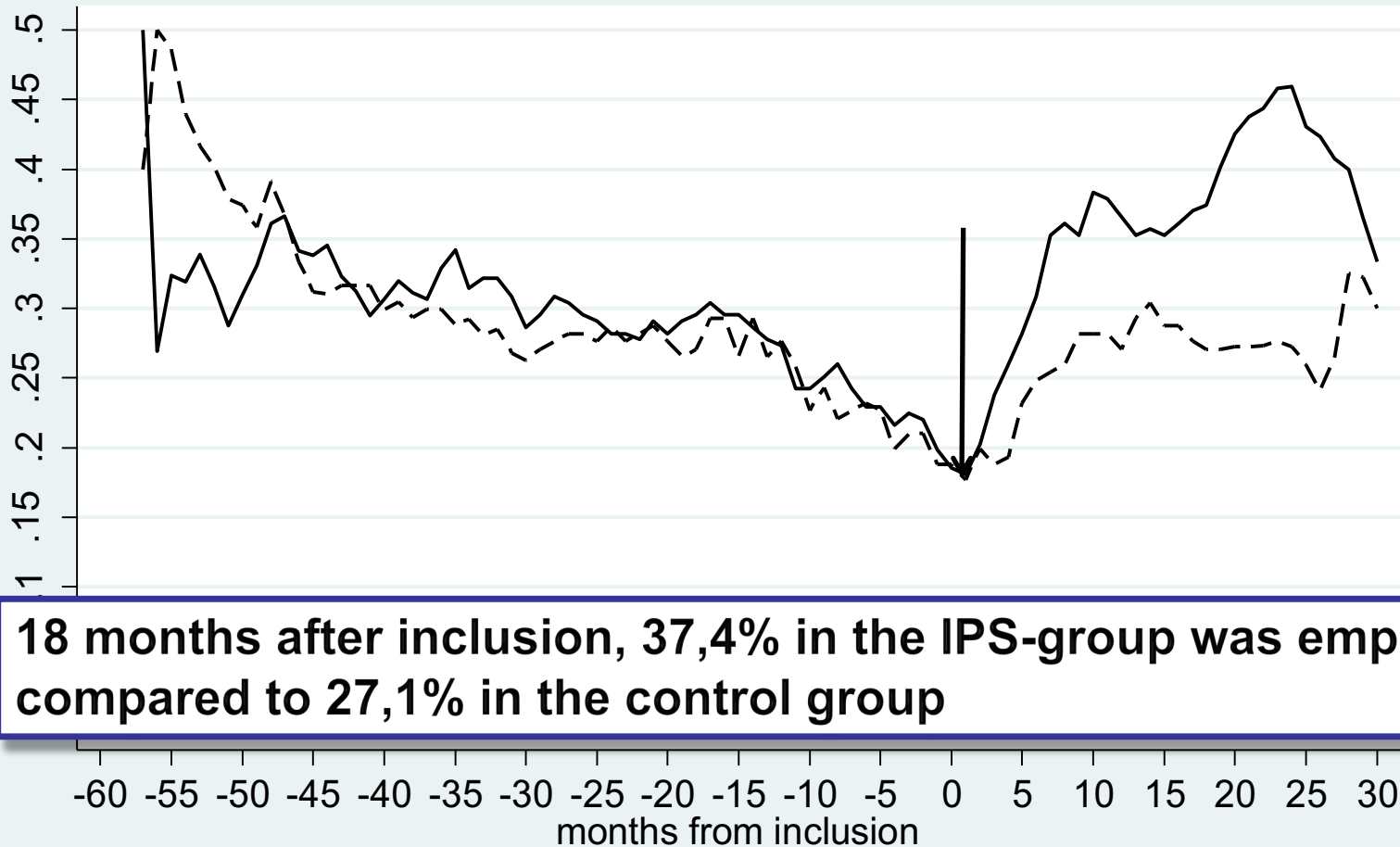


## Effect of work on health



# Results

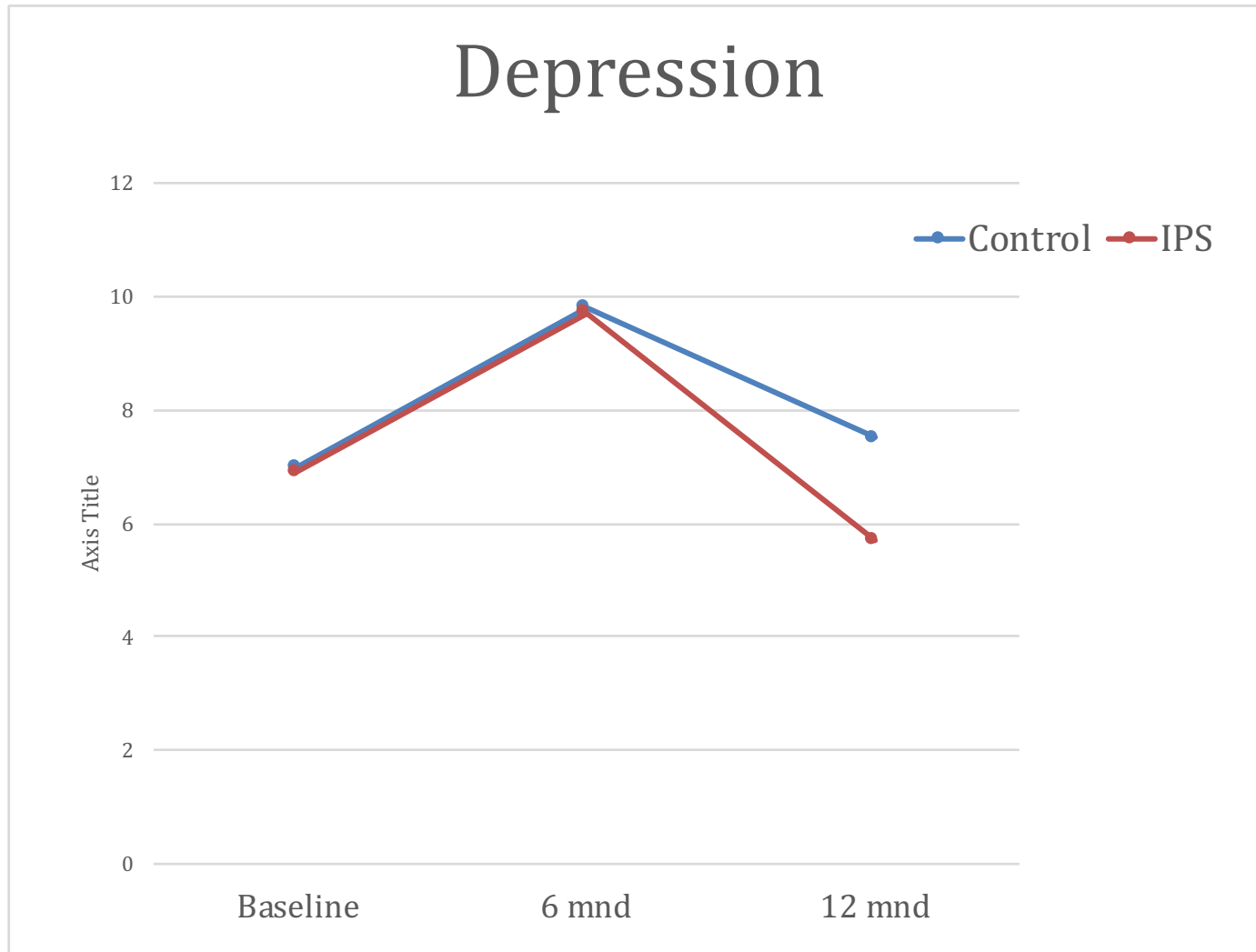
## Employment propensity

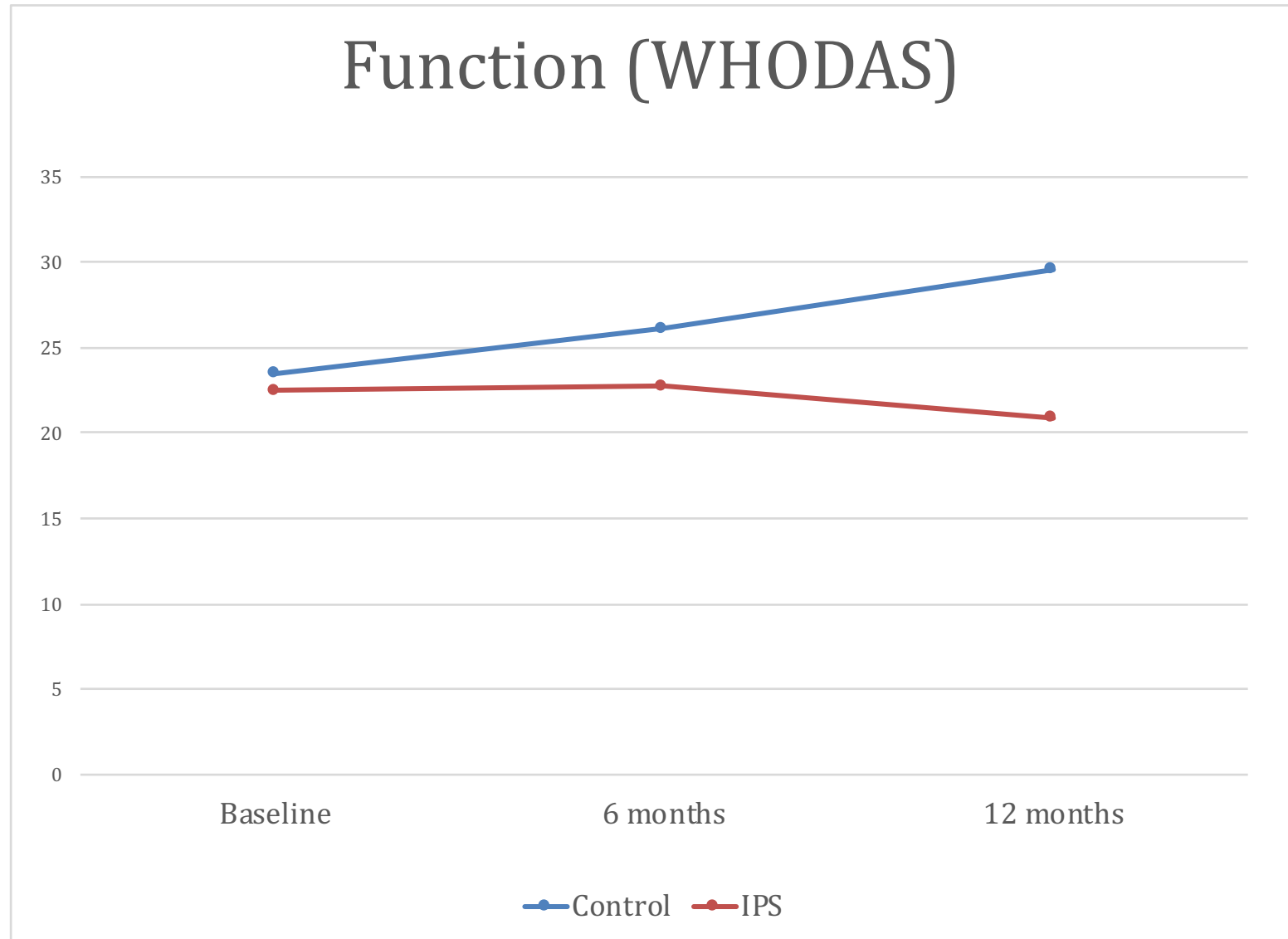


**18 months after inclusion, 37,4% in the IPS-group was employed compared to 27,1% in the control group**

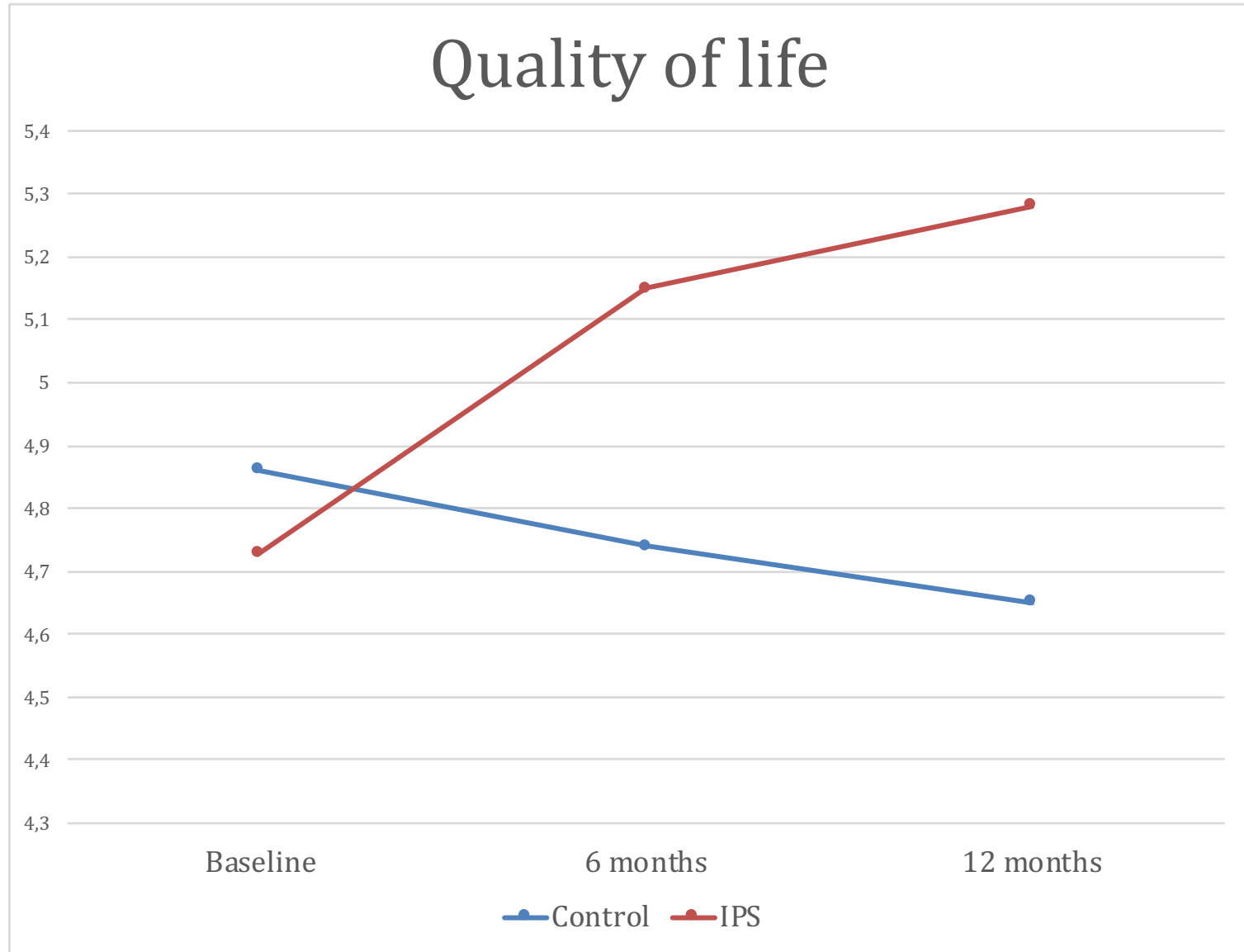
----- control      ——— treatment

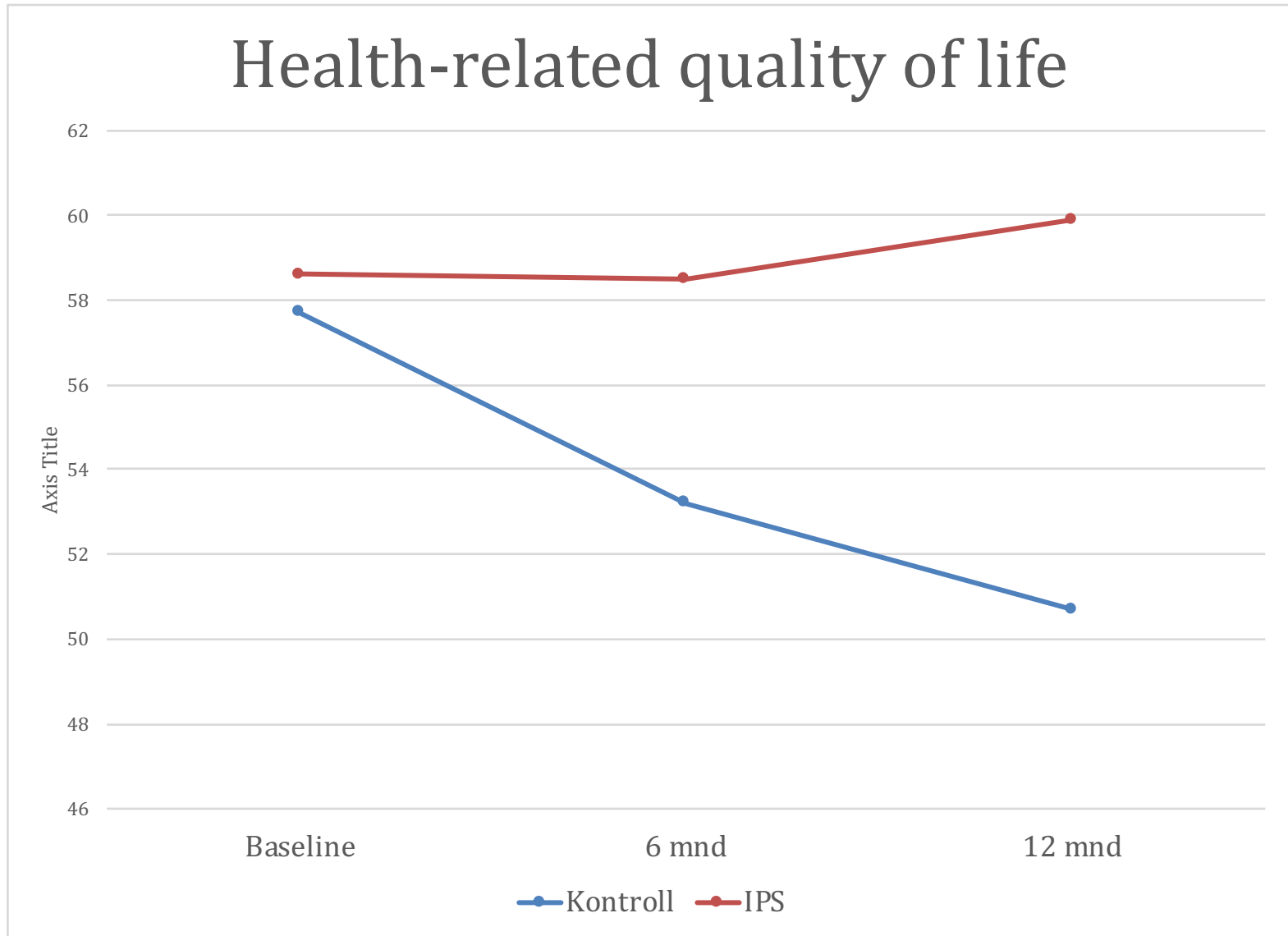
[Helse / Stress, helse og rehabilitering]











# Discussion

- IPS is effective for people with severe mental illness also in the Norwegian context
- No difference in effect between those with moderate versus severe mental illness
- Significant effects on health, function and quality of life
- We recommended implementation of IPS nationwide for this group of patients



- Individuell jobbstøtte (IPS) hjelper folk med psykiske problemer og får dem inn i jobb, sier statsminister Erna Solberg (H). Foto: Håkon Mosvold Larsen (NTB scanpix)


## Statsbudsjettet - lekkasje:

# Erna øker Nav-støtte: - Gi folk med hull i CV-en en sjanse til

Publisert: for 7 måneder siden  
Sist oppdatert: for 7 måneder siden

 Heidi Schei Lilleås  
[Tips meg](#)

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**Vil doble bevilgningen til Nav med 100 millioner for individuell jobbstøtte.**

Torsdag klokken 10 legger regjeringen frem statsbudsjettet for 2018.

Regjeringen gjøre Individuell Jobbstøtte (IPS) til en varig ordning, får Nettavisen bekreftet.

- Vårt viktigste arbeid de neste fire årene er å sikre et bærekraftig velferdssamfunn. Hvis vi skal øreie

Funding for IPS was increased in the state budget for 2018

*- I think it is important that we spend more money on things that work, instead of just spending more money.*

*(Prime minister Erna Solberg)*

# Implementation challenge:

- Convince mental health care providers that competitive employment was a good idea

# Agenda



- ✓ IPS for severe mental illness
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- ✓ IPS for chronic pain
- ✓ IPS for common mental disorders

# SEED: Supported Employment and preventing Early Disability

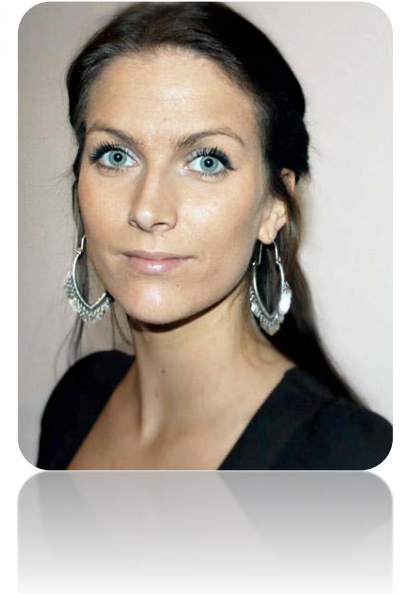
- Funded by the Norwegian Research Council
- IPS vs sheltered employment
- Young people, at risk of permanent disability
- Regardless of diagnoses
- RCT of N=96



# The SEED-trial: Prelim results

(Unpublished results, do not cite or distribute)

- Mean age: 24 years
- 68% male
- 33% - reading or writing difficulties
- 75% - bullied
- 39% - victims of violence
- Women more health problems than men
- Self-perceived cause: relational problems





# The SEED-trial: Prelim results



Sveinsdottir et al 2018, *in progress*

# Agenda



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# Individual job support (IPS) for patients with chronic pain

RESEARCH ARTICLE

Open Access



CrossMark

# A pilot study of the individual placement and support model for patients with chronic pain

L. Rødevand<sup>1</sup>, T. M. Ljosaa<sup>1</sup>, L. P. Granan<sup>1</sup>, T. Knutzen<sup>1</sup>, H. B. Jacobsen<sup>1</sup> and S. E. Reme<sup>1,2\*</sup>

Linnemørken et al. *BMC Musculoskeletal Disorders* (2018) 19:47  
<https://doi.org/10.1186/s12891-018-1962-5>

BMC Musculoskeletal  
Disorders

STUDY PROTOCOL

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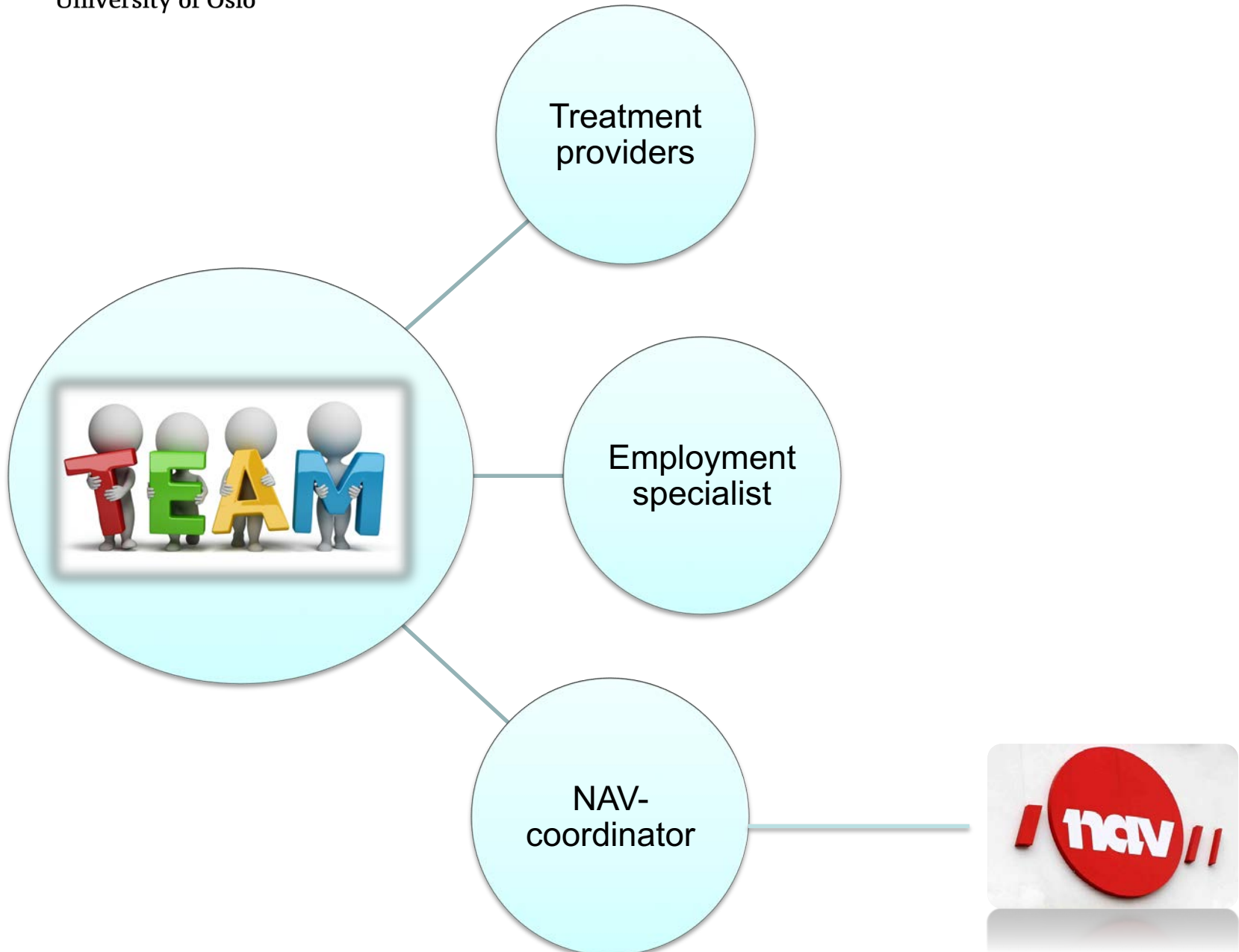
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# Protocol for the Individual Placement and Support (IPS) in Pain Trial: A randomized controlled trial investigating the effectiveness of IPS for patients with chronic pain

Lene Therese B. Linnemørken<sup>1</sup>, Vigdis Sveinsdottir<sup>2</sup>, Thomas Knutzen<sup>1</sup>, Linn Rødevand<sup>1,5</sup>, Kjersti Helene Hernæs<sup>3</sup> and Silje Endresen Reme<sup>1,4\*</sup>

# Inclusion criteria

- Persistent pain (referred to Dept. of pain management)
- No job
  - unemployed/disability pension/AAP/no compensation
- Want to work
- Living in Oslo



# Prelim results....

# Implementation challenge:

- Convincing the medical doctors at the hospital that work rehabilitation was our responsibility



# Agenda



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# At Work and Coping (The AWaC Trial)

Work-focused CBT and IPS for people with common mental disorders



## Study population (N=1193)

- People struggling with work participation due to common mental disorders
  - On sick-leave
  - At risk of going on sick-leave
  - On long-term benefits

39%



31%



30%

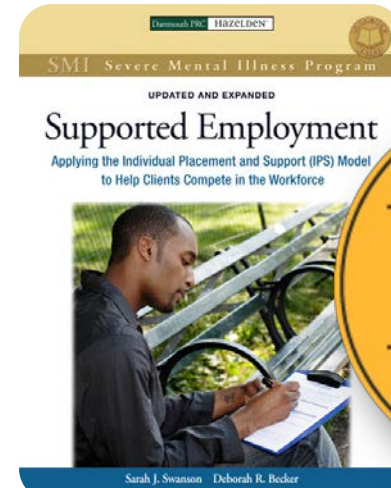


# The AWaC intervention

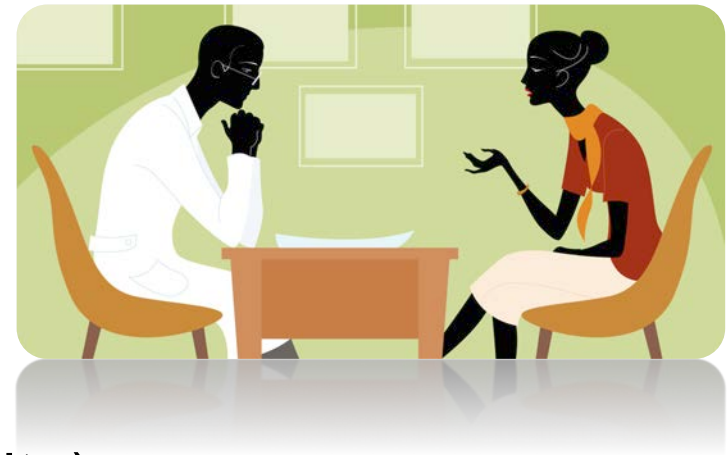
IPS supported employment

+

Work-focused cognitive behavior therapy



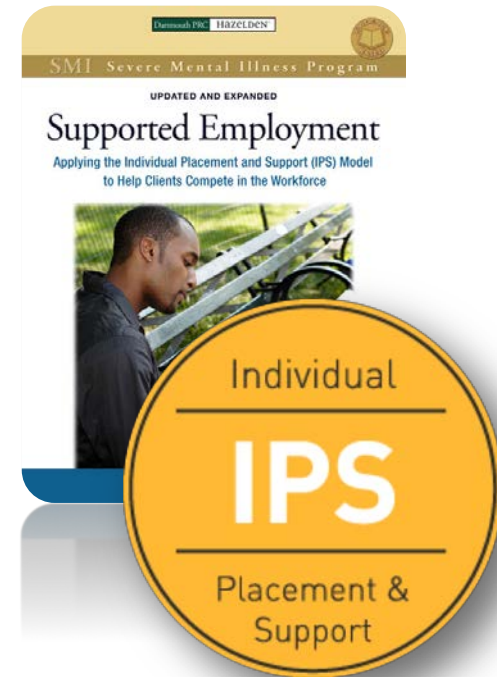
# Work-focused CBT



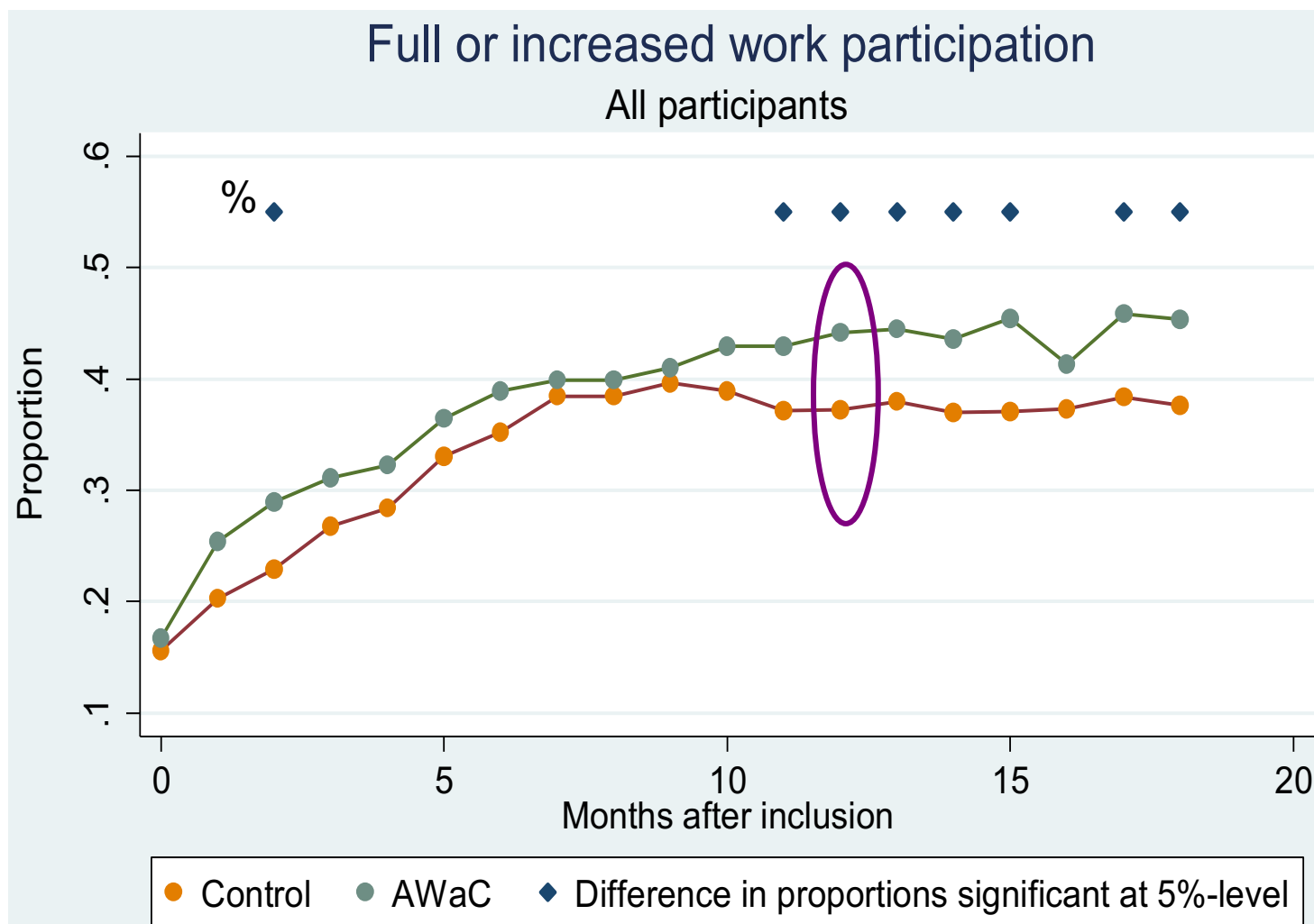
- 15 sessions (5 sessions «credit»)
- Main focus: coping at work
- Co-location and team meetings with employment specialists

# Individual job support (IPS)

- Job specialists
- Intended for participants with no job to return to
  - Long term benefits/disability benefits
  - Wanting to change jobs



# Results: Primary outcome – all participants



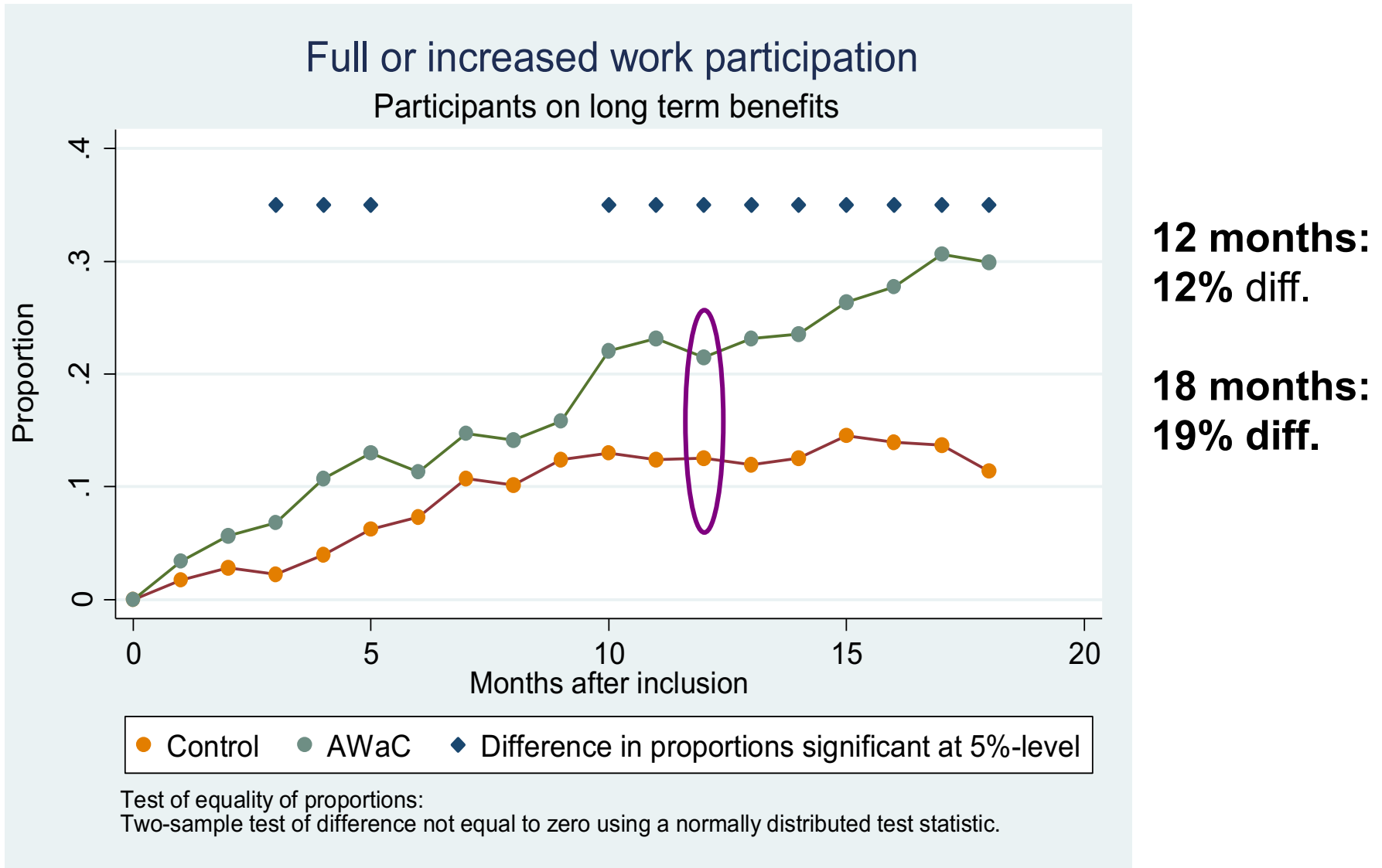
**12 months:  
6.9% diff.**

**18 months:  
7.8% diff.**

Test of equality of proportions:

Two-sample test of difference not equal to zero using a normally distributed test statistic.

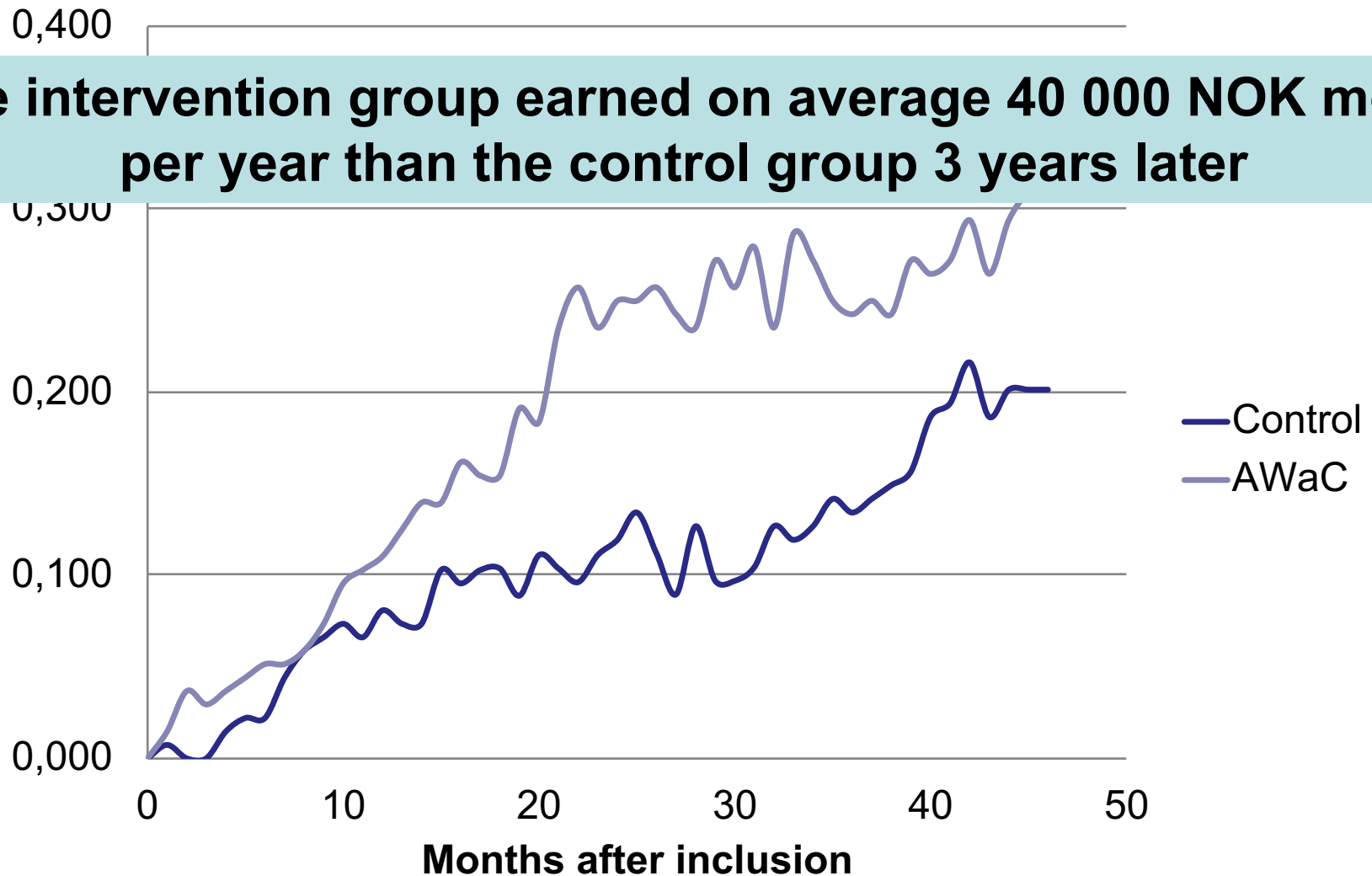
# Results: Subgroup on longterm benefits





# Long-term follow-up: sub-group on LTB

**The intervention group earned on average 40 000 NOK more per year than the control group 3 years later**



# Why did it work?

- Open-ended responses (n=1193):
  - Cognitive tools to cope with symptoms
  - Good relationship with therapist
- Qualitative interviews (n=12)
  - The individual follow-up
  - Coordination of services



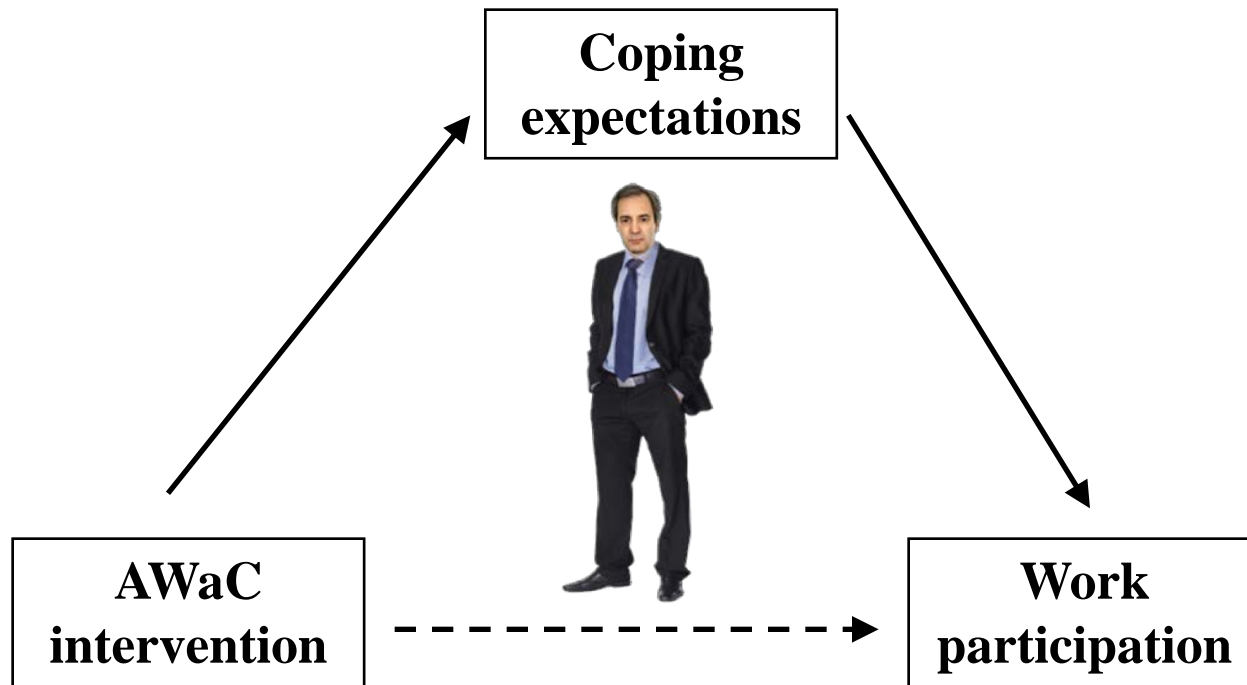
## Critical factor:

- Outcome expectancies
- More important than mental health symptoms

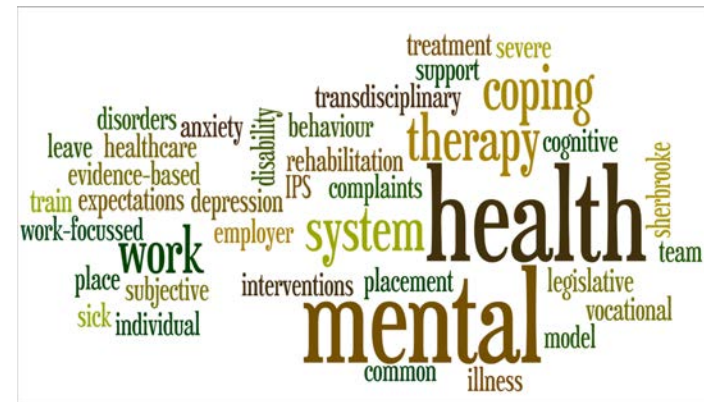


# How did it work?

Through a change in coping expectations



# Discussion



- Stronger results in subgroup on long-term benefits
  - More job support in this group
- Profound effects considering the Norwegian context
- Close collaboration with health and labor authorities throughout the trial
- Results used directly to form policy

# Thank you!

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