Making the Case for IPS Supported Employment

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,[1] but most surveys indicate that 15% or less are employed at any time.[2-4] Up to 85% of people with schizophrenia remain unemployed for a decade or longer after their first hospitalization.[5] Fortunately, most people *can* work in regular community jobs if provided appropriate help.

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

IPS helps people join the competitive labor market.[6] IPS is far more effective than any other vocational approach in helping people with mental illness to work competitively.[1, 7-11] 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;[8, 12] Social Security disability beneficiaries;[13] young adults;[14] older adults;[15] veterans with post-traumatic stress disorder[16, 17] or spinal cord injury;[18] and people with co-occurring mental illness and substance use disorders.[19] Increasingly, IPS is being offered to people with health conditions other than mental health disorders.[20] A systematic review assessing racial and ethnic differences in IPS programs found minimal differences in access, retention, or effectiveness. Six controlled trials of IPS found no differences in employment outcomes for Black clients or Hispanic clients compared to non-Hispanic White clients.[21] IPS has been effective with virtually 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.[22, 23] Working-age Americans with serious mental illness constitute over one-third of the beneficiaries receiving Social Security disability payments.[24] Once on the disability rolls, each year less than 1% of beneficiaries leave the disability rolls to return to work.[25-27] Because young adults experiencing a first episode of psychosis who gain employment are less likely to become dependent on disability benefits,[28-30] access to IPS may forestall entry for many into the disability system, resulting in reduced Social Security expenditures.[31]

IPS is an excellent investment, with a cost of about $6000 per client in 2022 dollars.[32-34] IPS is cost-effective over the long term when considering employment earnings, cost of rehabilitation, and mental health treatment costs.[35-37] Studies have found a reduction in psychiatric hospitalization days and emergency room usage by clients who receive supported employment.[38-42] Receipt of IPS services also may be associated with less involvement in the criminal justice system.[43] Service agencies converting their day treatment programs to IPS have reduced service costs by 29%.[44]

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 worked minimally during this time period.[45]

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 psychiatric symptoms.[46-49] Nearly half of all clients who obtain a job with help from IPS become steady workers[50] and remain competitively employed five years[35] and even a decade later[51, 52] – an employment rate that is quadruple that for clients who receive traditional vocational services.[35] A controlled trial of IPS enrolling over 2,000 Social Security Disability Insurance beneficiaries found that IPS participants who gained employment during the two-year study period generally continued to work over the subsequent five-year period. Employment earnings for the IPS group increased during this 5-year follow-up period, with significantly better employment outcomes than in the control group.[53]

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.[54] Programs receiving technical assistance ordinarily achieve high-fidelity implementation within one year's time,[55] and high fidelity correlates with better competitive employment outcomes.[56] With appropriate training, technical assistance, and supervision, agencies can implement with high fidelity.[13, 57] IPS has been successfully implemented in both urban and rural communities.[58, 59] Most IPS programs continue to offer quality services for years as long as adequate infrastructure remains in place.[60]

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

As of 2019, IPS had been implemented in over 850 agencies in 42 states in the US, and the rate of growth has been accelerating.[61] The International IPS Learning Community has grown to over 500 programs in 26 states and numerous programs in seven international partners (Canada, France, Italy, the Netherlands, Spain, England and New Zealand).[62, 63] Despite the benefits of IPS, access is limited or unavailable in many communities. Only 2% of clients with serious mental illness in the U.S. public mental health system receive IPS in any given year.[64] 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

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