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# **Mental Health and Work: An academic view**

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# Impact of work on wellbeing

- People with psychological problems who are working have (Bond et al., 2001; Bond, 2004):
  - higher self esteem
  - less psychiatric symptoms
  - less social problems
  - better quality of life
- The motivation of people with psychological problems to work > the motivation of the general population. One wants inclusive jobs: in the society and useful! (Wheat, Brohan, Henderson & Thornicroft, 2010)
- For those who have a fixed job, the costs of care and therapy decrease extremely (Bush, Drake, Xie, Mc Hugo, & Haslett, 2009)

Briefly: work helps people to escape out of the role of the 'limited psychiatric patient' and to build a new identity in which one contributes to the society.



Supported Employment as  
evidence based practice?

# Basic principles of IPS

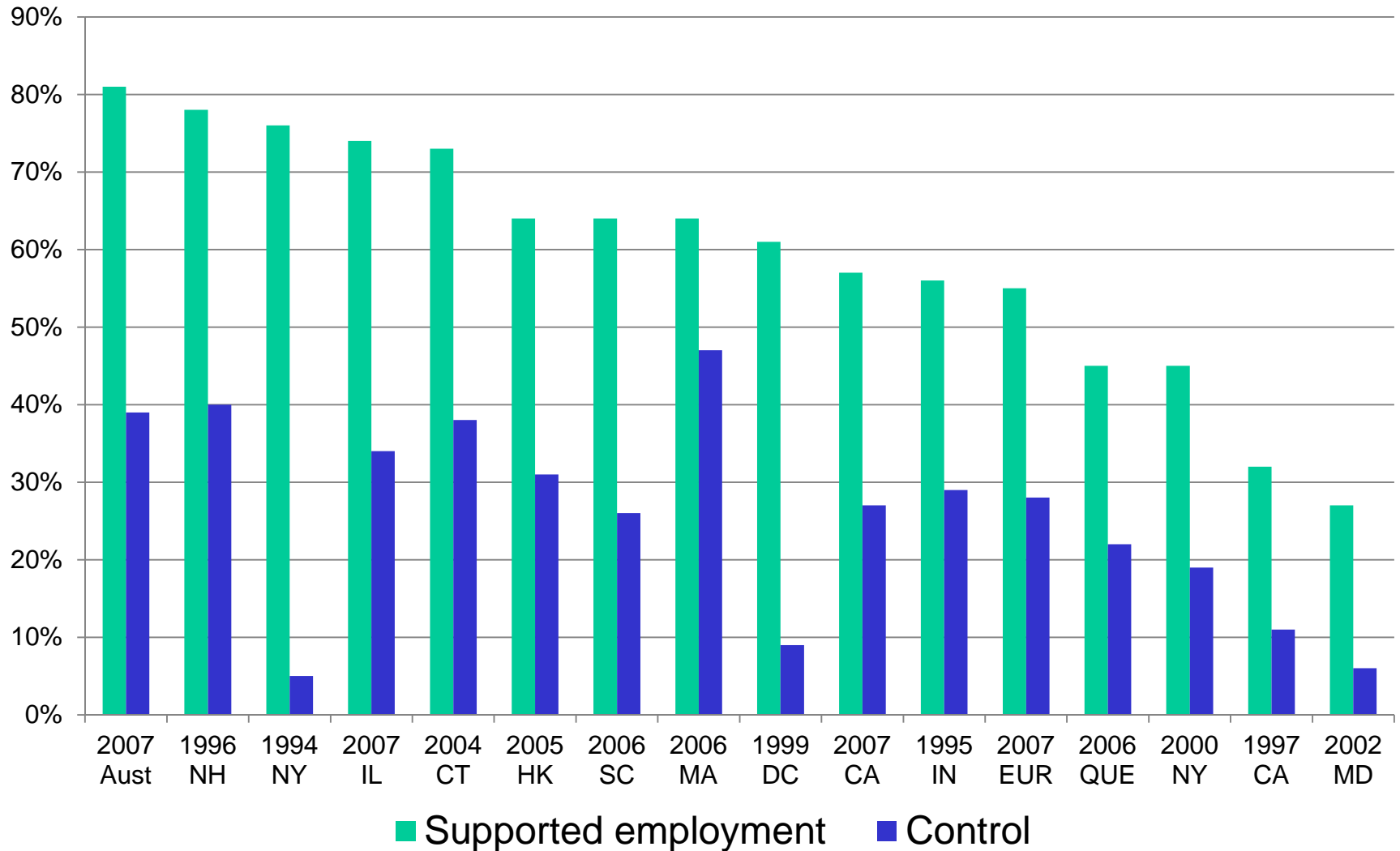
1. Focus on regular paid employment: competitive job with a wage and without only people with limitations.
2. Only inclusion criterium: motivation to work
3. Searching quickly for a job and coaching and assessment at work
4. The preference of the client is central for important choices: programme, type of work
5. Individualised, long term support for the client and employer
6. Integration of job coaches and mental health care
7. Advice and support as regards benefits when one returns to work

# Research results

(Crowther, ea 2001, Salyers ea 2004, Becker, ea 2007, Bond ea 2008)

- IPS is more effective than other approaches
  - More people (2x) found work in IPS as compared to control
  - Most recent review: 61% vs 23%
  - 2/3 of the IPS participants who find a job, work more than 20h a week
- Unemployed (shorter): 138 days in IPS vs 206 days in control condition
- On long term:
  - Of those who find a job, for the IPS group => after 2 years, double of the people are still at work as compared to the others that found a job.
  - More than half of the IPS participants become regular employees: regular job, more than 50% of the time over a period from 8 till 12 years.
- Income: moderate effects because of the negative incentives resulting from the strong benefits

# Very strong evidence, world wide

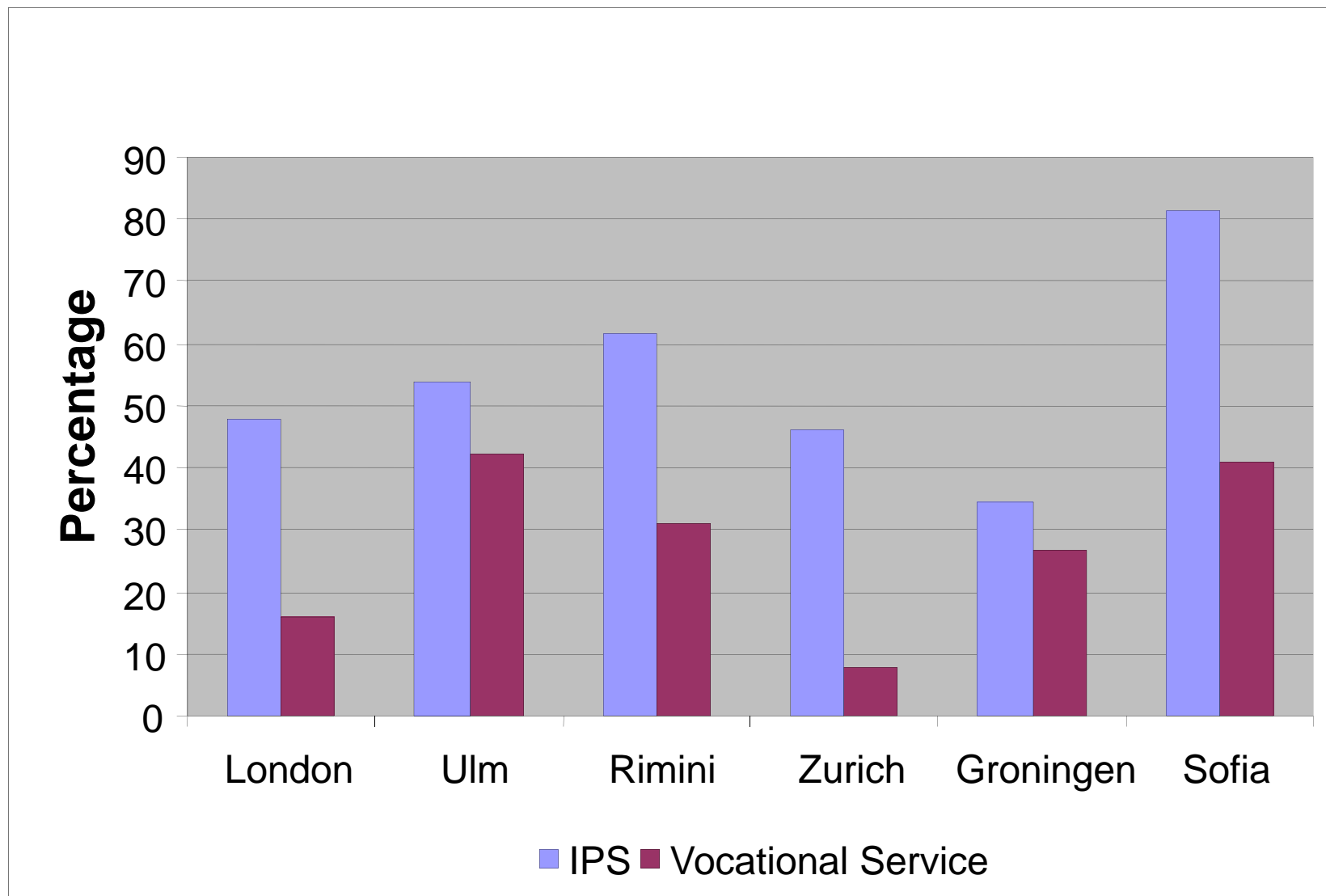


- **Eqolise group:**
  - Burns & Catty, 2008: Enhancing the quality of life and independence of persons disabled by severe mental illness through supported employment
  - RCT of IPS (place then train) versus “train then place”-approaches in 6 countries: London, Ulm, Rimini, Groningen, Zurich, Sofia
  - Result: IPS more effective
    - More and more long lasting work (54% vs 27%)
    - Less relapse
    - Local unemployment figures determine the variance in efficacy and both the national economic growth as the prosperity system influence global employment
- **Conclusion:**

“IPS doubles the access to work of people with psychotic illnesses, without any evidence of increased relapse. Its effectiveness is not independent of external circumstances, particularly local unemployment rates.”



# IPS in Europe?



# Most important difference in approaches

<b>Train then place (Clubhouse model)</b>	<b>Place then train (IPS)</b>
<ul style="list-style-type: none"> <li>▪ standard programme in which the supply is sometimes poorly aligned with the needs and preferences of the individual users.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Based on the needs and wishes of the users, the team actively searches for an appropriate job.</li> </ul>
<ul style="list-style-type: none"> <li>▪ Users are prepared for the real job by a training which is a day programme that resembles a regular job day.</li> </ul>	<ul style="list-style-type: none"> <li>▪ The immediate purpose is to place someone in a competitive job without prior training.</li> </ul>
<ul style="list-style-type: none"> <li>▪ No remuneration for the job performed</li> </ul>	<ul style="list-style-type: none"> <li>▪ Paid job</li> </ul>
<ul style="list-style-type: none"> <li>▪ Transition to paid work is possible but not obvious</li> </ul>	<ul style="list-style-type: none"> <li>▪ Quick placement</li> </ul>
<ul style="list-style-type: none"> <li>▪ No support for employers</li> </ul>	<ul style="list-style-type: none"> <li>▪ Support of clients and employers at work</li> </ul>





# Perspectives and recommendations

1. Stimulate evidence based practice in both mental health care and vocational rehabilitation
  - Disseminate knowlegde on IPS
  - Strengthen the focus on regular work
  - Integration worlds of mental health care and work

## 2. Break through the culture of disability payments and stimulate participation in a strategic policy!

- Incentives for clients and counselors
- Incentives for employers and training to hire people with psychological problems, with support and adapted programs
- In the early phases of the illness:
  - Emphasize recovery of functions and participation at work and education; fast return to work and school for youngsters with schizophrenia
- For long term absentees and people with permanent limitations or vulnerability:
  - return to work programs
  - new initiatives such as Compool

## 3. Implementation of new practices requires:

- New competences for VR counselors
- Strong leadership
- Strong vision and incentives of the government
- Change of mind of the population and family of...
- Replacing the biomedical model of illness-cure by a vision of recovery in which psychosocial and environmental factors are taken into account.

## 4. Systematic collaboration with researchers

- For collecting good data:
  - About the correct size and the nature of the problem
  - About the effects of innovations
- For the scientific base of policy
- For the evaluation and monitoring of policy



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Thank you for your attention!

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