



**National Clinical Programme for
Early Intervention in Psychosis**

Individual Placement and Support IPS

**Operating Guidance Document
December 2024**



**National Clinical
& Integrated Care Programmes**
Person-centred, co-ordinated care



HSE Mental Health Services

READER INFORMATION

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GLOSSARY OF ACRONYMS

IPS	Individual Placement Support
IPS ES	Individual Placement Support Employment Specialist
OT	Occupational Therapist
DESP	Department of Employment and Social Protection
CMHT:	Community Mental Health Team
EIP:	Early Intervention in Psychosis
FEP:	First Episode of Psychosis
MDT:	Multidisciplinary Team
NCAGL:	National Clinical Advisor and Group Lead

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1. INTRODUCTION

1.1 Purpose

In Ireland it is estimated that 1,500 people develop psychosis annually, two thirds of whom are under 35 years of age. The development of a first episode of psychosis affects young people at a critical stage and routinely interrupts schooling and/or work leading to poor employment rates or high dropout rates from school or college.

Early Intervention in Psychosis has been identified as making a critical difference to the outcome for those who develop a psychotic illness and over the last twenty five years has been extensively researched and adopted internationally. The National Clinical Programme for Early Intervention in Psychosis has identified employment as a key outcome measure. Individual Placement Support (IPS) has been identified internationally as evidence based approach for all individuals who present to mental health services with first episode of psychosis.

Sharing the Change – National Mental Health Policy, Sainsbury Centre for Mental Health Briefing: Doing what works – Individual Placement and Support into employment (2009) and more recently the Comprehensive Strategy for People with Disabilities (2015-2024) advocate new approaches to integrating work as part of the recovery process for service users with mental illness. NICE Guidelines 2015 for Early Intervention in Psychosis (Quality Statement 5) states that Adults with Psychosis or Schizophrenia who wish to find or return to work are offered employment options.

1.2 Unemployment and Psychosis

It is estimated that just 5–15% of people with schizophrenia are in employment, and people with severe mental illness (including psychosis and schizophrenia) are 6 to 7 times more likely to be unemployed than the general population. Unemployment can have a negative effect on the mental and physical health of adults with psychosis or schizophrenia. IPS has been developed within Mental Health Services as people with mental health problems are more likely to be unemployed than any other group of people with disabilities.

Research reports that the vocational outcomes for a young person with FEP at 14 months post diagnosis are predictive of their employment circumstances at 7.5 years

post FEP (Alvarez Jimenez et al 2012). The introduction of IPS for FEP cases will challenge the current pathways in health and supported employment to change work practices and assumptions to the benefit of young people’s life chances.

The benefits of Competitive Employment are:
• Increased personal income
• Achievement of a valued social responsibility – development of roles
• Gives structure to time, creating/maintaining an acceptable and personally satisfying routine of activities that have meaning and value for the individual and family - creating a sense of purpose and direction to life
• Greater socialisation
• More opportunities to use skills and abilities – a decrease in disability
• Attainment of life goals – Increase in self-esteem and confidence
• Recovery - Improved quality of life (Bond et al, 2008)
• Symptom improvement (Bond et al, 2008)
• Improved family relationships
• Reduced costs to society

1.3 Individual Placement and Support (IPS)

Individual Placement and Support (IPS) is a well-defined approach, using a proven methodology, to help people with mental illness find and keep competitive employment. “Competitive employment” means work in the community that anyone can apply for and pays at least the minimum wage. (Becker, et al., Second Edition: May 2011).

The overriding philosophy of IPS is that anyone is capable of undertaking competitive paid work in the community, if the right kind of job and work environment can be found and the right support is provided.

IPS is based on eight key principles:



IPS is an evidence based variant of Supported Employment. IPS differs from other more traditional Supported Employment Schemes in a number of ways:

- **Zero exclusion** - the Service user does not have to be 'work-ready' as the idea is 'place' and 'train on the job'.
- It offers **long term support** for as long as the individual (and where applicable, the employer) needs it.
- The **Employment Specialists** who are central to this programme are integrated into mental health teams to support service users to return to work.

The European trial of IPS proved that it was more effective than a local vocational service: gaining employment: 55% (IPS) vs. 28%. IPS participants also sustained jobs longer and earned more (Centre for Mental Health: Briefing Paper 37, February 2009). In the Irish context paid employment may be defined as work in the public, private or voluntary sector which is paid at, or greater than the national minimum hourly wage.

1.4 Fidelity to IPS

A fidelity review is a way of checking the extent to which a service is faithful to the Individual Placement and Support (IPS) approach to employment. They are designed to support the continuous improvement and development of services. The IPS approach has a fidelity scale which measures implementation of IPS across 25 areas. Evidence is collected from documentation and interviews with service users, employment specialist and members of the community mental health team. A score is awarded at the end of the process. Research indicates that services with higher fidelity score have better outcomes.

1.5 Framework for IPS

Each Mental Health Service will agree a local partnership between HSE and Employment Partners to deliver this intervention. This will be formalised in a service level agreement (SLA) at service level between the local HSE and each employment partner.

1.5.1 Employment Partners

Key to the success is the integration of the IPS Employment Specialist (ES) alongside the clinical teams in a strong partnership between the partner organisations. An IPS Employment Specialist will be allocated to each team. The IPS approach will be embedded in each Mental Health Service and documented in an agreed SLA.

In partnership with Employment partner we aim to

- Build on the existing structure (Employer database) and expertise already in place
- Link to a broader group of employment specialists working in other areas of disabilities.

Scope

For the purpose of this guidance document service users accessing the IPS Employment Specialist (ES) will be 18 years and over and attending the Adult Mental Health Service- EIP teams.

2. PATHWAY TO EMPLOYMENT

2.1 Introducing IPS to Service Users

IPS is a team approach. At the initial assessment and care planning meeting the Consultant Psychiatrist / EIP Keyworker / Occupational Therapist should record the service users' employment and or educational status and discuss the positive benefits of work to the service users and carer / family. If the service user expresses a wish to continue/return to employment a referral should be sent to the IPS Employment specialist linked to the CMHT within 3 working days. An initial engagement/referral acknowledgment should be completed within 2 weeks.

It is important that although service users may initially not want to pursue employment that conversations / discussions continue at review meetings throughout their engagement with the EIP National Clinical Programme. The aim is to see the goal of gaining employment as a normal step to recovery. IPS should be re offered as a matter of routine.

2.2 Engagement

To encourage early engagement with the service, an assertive outreach approach may be required. Many service users view their first episode of psychosis as a single event that won't reoccur and may be reluctant to engage with the service, others may be reluctant to engage due to their mental state, e.g. paranoid thoughts. If deemed necessary it is recommended that the IPS Employment Specialist (ES) meet the service user initially with the EIP Keyworker / Occupational Therapist, to help establish rapport.

2.3 Assessment

The IPS ES will create an employment plan based on detailed profiling of strengths, work experience and preferences within 30 days after referral in line with fidelity standards. A record of the assessment and outcomes must be recorded in the medical file as per agreed protocol.

2.4 Individual Care Plan

All assessments results and agreed goals should be recorded as part of the service users individual care plan. The care plan and goals should be reviewed and progressed regularly and discussed at agreed intervals within the team.

2.5 Benefits Counselling

Income maximisation advice and welfare benefits counselling support should be provided by the IPS Employment specialist to the service user seeking employment. This should occur at an early stage, following initial job search and job offer dependent upon the service user's individual circumstances or expressed wishes.

2.6 Time Unlimited Support

The IPS Employment specialist provides Individualised time unlimited support to both the Employer and the Employee depending on need.

2.7 Community Mental Health Team – Individual Care Plan Review Meetings

A care plan is the document that identifies the care to be given – it is a record of needs, actions and responsibilities, which can be used and understood by service users, families and other agencies as appropriate. The IPS Employment specialist will attend the care plan review meetings for service users in the EIP programme. Employment goals and identified related actions will be discussed by the MDT with the service user and documented at the Care Plan review meeting.

2.8 Documentation

IPS requires that Employment Specialists participate in multidisciplinary team meetings and that employment support information is located within the clinical file. Data sharing protocols have been agreed nationally between the HSE and the local Employment partners. The data sharing protocols allow IPS Employment Specialists to have access to MDT meetings and to write in clinical files. The Employment Specialist will be briefed within the MDT on the procedure and local standards for documenting into clinical files as part of the induction process.

3. CLINICAL GOVERNANCE

The IPS ES will be supported clinically by the Occupational Therapist Manager or other designated team member. The employment partner will be the employer and provide all employment contracts and line management support for the ES.

3.1 Roles and Responsibilities

To ensure the effective implementation of IPS in each CMHT, roles and responsibilities have been assigned and are listed below.

3.1.1 IPS Employment Specialist (IPS ES)

- Work as a member of the CMHT to provide IPS intervention for service users with first episode of psychosis presentations;
- Works directly with service users as part of the care planning process addressing their employment needs and ensuring employment goals are given a high priority and actively progressed;
- Provides an assessment using an agreed assessment tool which will look at career / education history, transferable skills, vocational interests and the person's work personality. From this an action plan will be formulated;
- Co-ordinates goals with all team members;
- Works with up to 20 service users at any one time assessing their needs, proactively helping them to access employment opportunities, whilst at the same time assessing their support needs. Much of their time will also be spent in the community engaging with employers to create opportunities, and providing in work support;
- Work directly with employers to secure employment opportunities;
- Provide ongoing support to both employers and the individual to retain them in work depending on individual need;
- Will aim to support 50-75% of FEP service users in employment The emphasis will very much be on the whole team working towards increasing access to employment by focusing on employment goals as part of their regular reviews with

service users, liaison with the ES and OT in the team, as well as referral to external services;

- Recognise the importance of paid employment as part of the service users recovery;
- Maintains records and collects data as required.

3.1.2 Community Mental Health Team

Each CMHT will have a major role to play in implementing the IPS approach. This includes:

- Acknowledge the need for a whole team approach to IPS;
- Acknowledge and support the ES as part of the CMHT;
- Identifying employment goals during the initial assessment process and recording in the care plan;
- Ensuring employment issues are considered and become central to the work of each team;
- Address barriers to work for the service user;
- Ensuring that Clinical staff address employment issues as part of their daily practice, i.e. encouraging users to consider options, reviewing progress at regular reviews, problem solving with the IPS ES and OT to address issues that come up when the employment action plan is implemented and progressed;
- Involve and educate families about importance of employment in recovery;
- Attend and participate in all training and education opportunities related to IPS;
- Aim to have 50-75% of FEP service users in employment.

3.1.3 CMHT: Occupational Therapist

- Advocate and promote IPS during the CMHT weekly meetings;
- Promote the importance of employment in partnership with the IPS Employment Specialist;
- Champion the IPS ES role and function;

- Address clinical, functional and practical issues which may form barriers to a return to work;
- Record employment goals in the care plan;
- Involve and educate families about employment as part of recovery.

3.1.4 Occupational Therapist Manager

- Champion the implementation of IPS within services and teams;
- Identify an Occupational Therapist per CMHT to work in conjunction with the IPS Employment Specialist;
- Provide clinical support to IPS ES as required or identify a designated person;
- Work with EIP Clinical Lead in local area and attend relevant meetings as required. .

3.1.5 Regional Health Area Mental Health Lead / Area Mental Health Management team

- Support the implementation of IPS at local level and work in partnership with local Employment partner.
- Agree local SLA with Employment partner to deliver IPS within named teams;
- Recognise that open employment is a realistic goal for many service users;
- Establish a governance structure to deliver this programme, acknowledging the role and expertise of the OT Manager to this programme;
- Ensure all line managers are aware of the requirements of the programme for their staff;
- Support CMHT to attend and engage with all training and learning opportunities related to IPS;
- Support trained staff to deliver the interventions in a timely manner;
- Review IPS data from service on a regular basis. .

3.1.6 Employment Partner

- Work in partnership with the HSE Mental Health Services to achieve the aims of the project in accordance with the local SLA;
- Provide line management support to ES as per employment contract;
- Recognise the central role that employment plays in improving outcomes for service users;
- Support the implementation of IPS and work collaboratively with HSE designated officers;
- Support the ES to attend all agreed training/educational opportunities;
- Maintain data records as per agreed format and timelines.

3.2 IPS Activity Data

Each IPS ES will be required to submit data to the National Clinical Programme as required.

Each IPS ES will be required to submit data to the National IPS Project as part of National Mental Health and Engagement Office.

4. LINE MANAGEMENT AND SUPERVISION

4.1 Line Management

The IPS ES should have monthly meetings with their named supervisor.

4.2 Clinical Support

The Occupational Therapist Manager or designated staff member / CMHT will provide clinical support and advice on a regular agreed basis but at least monthly. In addition the IPS ES will access support and advice from MDT members during team meetings.

4.3 IPS Fidelity and Governance Meeting

Locally there should be quarterly meeting established between the Occupational Therapist Manager, Employment partner, to address any issues and ensure fidelity to IPS is been achieved.

4.4 Education and Training

4.4.1 EIP Teams

IPS training will be offered. All members of the community mental health team will be expected to attend. Specific IPS training and motivational interviewing will also be offered to the IPS ES and EIP team clinicians.

4.4.2 Fidelity Reviews

Each EIP team will be invited to participate in a national fidelity review. All team members are required to participate. Fidelity reviews will be completed by people independent of the local service and who have completed identified training.

4.4.3 IPS Communication

A leaflet should be created locally by EIP team and IPS ES to advertise the benefits of IPS for FEP service users and families. This information should be easy to read and widely available across the service. .

5. IPS DATA: COLLECTED BY EACH CMHT EACH MONTH

Month:	
CMHT:	
Number of first episode presentations	
Number of FEP service users referred to IPS	
Number of SUs engaged in IPS	
Number in employment	
Hours in employment	
Number of employment offers received	
Number of work trails completed	
Mean length of time to first job	
Mean length of job duration	
Number discharged	
Number continuing to be supported in employment	
IPS Fidelity score (Year 1, Year 2, etc.)	

6. EMPLOYMENT FIDELITY SCALE SCORE SHEET *

	Element	Last Fidelity Review	This Fidelity Review	Change in score
STAFFING				
1	Number on caseload			
2	Employment Services Staff			
3	Vocational Generalists			
ORGANISATION				
4	Integration with CMHT through team assignment			
5	Integration with CMHT through frequent contact			
6	Collaboration between employment specialists and JC+/WP			
7	Vocational unit			
8	Role of employment supervisor			
9	Zero exclusion criteria			
10	Mental Health Trust focus on competitive employment			
11	Executive Team support			
SERVICES				
12	Work incentives planning			
13	Disclosure			
14	Ongoing, work-based vocational assessment			
15	Rapid search for competitive job			
16	Individualised job search			
17	Job development – Frequent employer contact			
18	Job development – Quality of employer contacts			
19	Diversity of job types			
20	Diversity of employers			
21	Competitive jobs			
22	Individualised follow-along supports			
23	Time-unlimited follow-along supports			
24	Community-based services			
25	Assertive engagement and outreach by integrated team			
				Change
	Total score			
	Maximum IPS score	125	125	

* Adapted for use by the HSE from Centre Mental Health UK

IPS Service



- **Psychiatric support and medication**
- **Psychological support and therapies**
- **Care coordination and self management support**