

# STEPS INTO WORK

Integrating Employment  
and Mental Health Supports  
Project Final Report



**Mental Health Reform**  
Promoting Improved Mental Health Services



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Gnóthaí Fostaíochta agus Coimirce Sóisialaí  
Department of  
Employment Affairs and Social Protection



  
Feidhmeannacht na Seirbhíse Sláinte  
Health Service Executive

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### ITEMHS Project Steering Committee

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THANK  
YOU



# INTRODUCTION

## About the IEMHS project

Individual Placement and Support (IPS), also known as ‘evidence-based supported employment’, is a model that facilitates people with mental health difficulties to move into mainstream competitive employment. Under the IPS model, anyone is viewed as 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.

The *Integrating Employment and Mental Health Support* (IEMHS) project piloted the IPS model by integrating an EmployAbility Employment Specialist into each of four HSE Multidisciplinary Mental Health Teams (MDTs), in order to deliver an IPS service in four sites across Ireland.

The participating sites were in Castlebar, Galway, Cavan/Monaghan and Bantry. There were two distinct types of mental health teams involved in the IEMHS project: Rehabilitation and Recovery Teams (Castlebar, Galway and Cavan/Monaghan), and a generic Community Mental Health Team (CMHT, in Bantry). Rehabilitation and Recovery Teams provide specialized mental health care for people with severe and enduring mental health difficulties, whose needs cannot be adequately met by general adult services.

### The IPS model involves eight key principles:

1. Competitive employment is the primary goal
2. Everyone who wants to work is eligible for employment support
3. Participants are helped to look for work which suits their preferences and strengths
4. Job search and contact with employers begins quickly - within four weeks
5. Employment specialists are based within clinical teams, and work with the team to support people to find paid employment
6. Support is ongoing and arranged to suit both the employee and employer
7. Benefits advice is given as part of the return to work
8. Strong relationships are built with employers

*Integrating Employment and Mental Health Support* (IEMHS) was developed with Genio and Department of Employment Affairs and Social Protection (DEASP) funding and in partnership with the Health Service Executive (HSE) Mental Health Division, the Department of Employment Affairs and Social Protection and EmployAbility companies. Mental Health Reform managed and evaluated the project.

### The overall aim of the IEMHS project was:



To demonstrate how existing mental health and supported employment (EmployAbility) services can fulfil the best practice Individual Placement and Support (IPS) model of supported employment through improved integration with mental health services.

A central objective of the IEMHS project was to improve integration between public mental health and supported employment services at national and local levels. These two services are the responsibility of two different government departments (the Department of Health and the Department of Employment Affairs and Social Protection) and involve different public agencies (the Health Service Executive, a national agency, and EmployAbility services, which are funded by DEASP but operate as separate companies organised at local level). The two services have different funding streams, regulations, management structures and governance systems. A significant part of the IEMHS project involved a proof of concept that an integrated service involving joint working between public agencies is possible in the Irish context.

**The specific objectives of the project were:**

1. To improve integration between public mental health and supported employment services at national level.
2. To improve integration between public mental health and supported employment services at local level.
3. To support 80 individuals receiving mental health services into employment, 20 individuals in each of 4 sites.
4. To increase the capacity of participating supported employment service staff and mental health service staff to support individuals with severe mental health difficulties.

## Evaluation methodology

A dedicated evaluation methodology was agreed between the funders and the steering committee at the beginning of the project. Specific evaluation activities included:

- Desktop analysis of all collected data about project participants
- Direct and ongoing consultation with IEMHS service providers – MDTs and EmployAbility companies
- Direct consultation with Employers via a bespoke feedback process
- Direct consultation with IEMHS participants
- Two fidelity evaluations per site (description below)
- Five learning sets throughout the project to facilitate feedback, learning and development
- Employment Specialist conference calls to identify any issues

## Fidelity evaluation process

The IPS model utilises a fidelity scale to measure the level of implementation of the model<sup>1</sup>. The IPS Supported Employment Fidelity Scale defines the critical ingredients of IPS in order to differentiate between programmes that can legitimately claim to be delivering IPS and those that cannot. As demonstrated through research, high-fidelity programmes are expected to have greater effectiveness than low-fidelity programmes.<sup>2</sup> Programmes that have fidelity to the scale are said to be providing 'evidence-based supported employment'.

The fidelity scale looks at 25 areas of the IPS service being provided. Sites are graded based on their fulfilment of criteria under each of these sections. All key stakeholders involved in the delivery of the IPS service are interviewed, including the Employment Specialist, at least three members of the MDT, at least four IPS participants and, where appropriate, the participants' family members. Each section requires evidence (i.e. documentation) and corroboration between stakeholders. Once evidence has been collected and interviews are corroborated, a score for each section is given. When a total score is calculated, each site is then graded based on the IPS scoring scale below.

IPS scoring scale	
110-120	Exemplary Fidelity
95-109	Good Fidelity
69-94	Fair Fidelity
<68	Not IPS

1 Centre for Mental Health UK IPS Fidelity Scale, Accessed 30/01/2018

<https://www.centreformentalhealth.org.uk/the-ips-fidelity-scale>

2 Dartmouth IPS Supported Employment Center. Chapter 1: Introduction to IPS Supported Employment Fidelity Accessed March 2017. Available from:

[http://www.dartmouth.edu/~ips/page19/page49/page50/files/semanual\\_text.pdf](http://www.dartmouth.edu/~ips/page19/page49/page50/files/semanual_text.pdf)



## FINDINGS

### Demographic profile of clients

A total of 95 individuals participated in the IEMHS project from late 2015 through to the end of 2017. A total of 30 participants disengaged from the project during the pilot, largely as a result of difficulties with their mental health. This meant that the project finished with a total of 65 active participants.

Sites	Cav/Mon	Castlebar	Galway	Bantry	Total
All Participants	22	21	23	29	95
Active Participants at end of project	18	14	13	20	65

The average age of participants involved in the IEMHS project was 40. A full average age and gender breakdown can be found in the table below.

#### Age & gender profile across sites

Sites	Cav/Mon	Castlebar	Galway	Bantry
Average age	40	45	37	40
Male	16	12	18	11
Female	6	9	5	18

Participants involved in the IEMHS project had varied working backgrounds, from having some relatively recent work experience, to never having worked before. The table below shows the work profile of participants involved in the IEMHS project per site.

#### Years since last employment

Last employment	Cav/Mon	Castlebar	Galway	Bantry
0-9 years ago	9	7	8	19
10-19 years ago	4	4	5	2
Over 20 years ago	1	5	4	2
Never worked	7	5	6	2
Unknown	1			4



## Findings of the fidelity evaluations

Two fidelity evaluations took place in each site over the course of the project. The first fidelity evaluation, which established a baseline score, took place in the summer of 2016.

The first round of fidelity evaluations was completed by June 2016. The scores were as follows:

Site	Cav/Mon	Castlebar	Galway	Bantry
Score	84 (Fair)	67 (Not IPS)	87 (Fair)	93 (Fair)

The second round of fidelity evaluations were completed by March 2017. The scores were as follows.

Site	Cav/Mon	Castlebar	Galway	Bantry
Score	108 (Good)	78 (Fair)	106 (Good)	101 (Good)

The second fidelity evaluation scores show that all of the sites were delivering IPS by the end of the project.

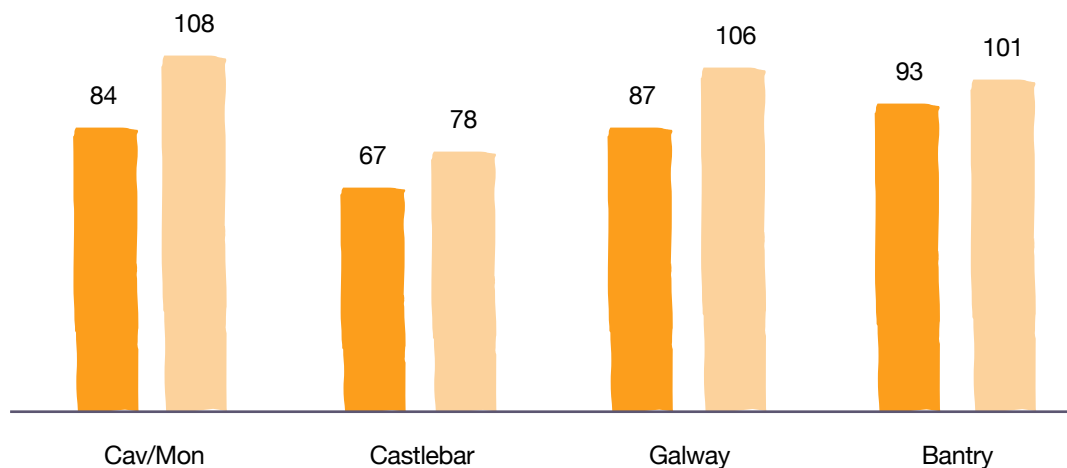
Each site improved their fidelity score over the course of the project.

A comparative chart can be seen below.

### Fidelity Scores

■ First Fidelity

■ Second Fidelity



## Employment outcomes

A total of 33 IEMHS participants were successful in obtaining at least one paid competitive job placement during the project. 10 IEMHS participants had more than one job placement during the project. The breakdown of successful placements can be seen in the table below.

	Cav/Mon	Castlebar	Galway	Bantry
No. of job placements	10	3	4	16
% of participants per site that acquired employment	45%	14%	17%	55%

Successful participants worked across a broad range of sectors. This is typical of IPS, as participants search for jobs in accordance with their own preference. Some examples of the types of positions acquired include:

- Fitter (Building)
- Accountant
- Kitchen Assistant
- Crane Operator
- Event Organiser
- Laundry Assistant
- Office Cleaner
- HGV Driver
- Telesales
- Hotel Receptionist
- Retail Assistant
- Web Designer

Most IEMHS participants who had a job placement worked between 11 and 33 hours per week during the project.

### Hours per week

Hours per week	No. of participants
1-10 hours	7
11-33	17
34+	5
Unknown	4

The average weekly wage for successful participants was approximately €230. A significant proportion of successful participants were able to reduce their dependency on social welfare: 21% had downward adjustments to their social welfare payments and a further 18% relinquished their social welfare payments entirely. Of the successful participants, 20% utilised the Wage Subsidy Scheme (WSS).

### Weekly wage

Wage in €	No. of participants
€10-€150	12
€150-€250	9
€250-€350	2
€350-€500	6
Unknown	4

## Other outcomes

Other types of outcomes, beyond employment, were achieved by some participants. 18 out of 95 (19%) participants went on to further training as a result of their involvement with the IPS programme. Many participants took on Safe Pass training, which is a certificate aimed at construction workers and is a prerequisite for working on building sites in Ireland. Other participants moved on to full-time education, most commonly with the National Learning Network. The next most common training was IT training, particularly the European Computer Driving License (ECDL) course.

5 out of 95 (5%) participants moved from supported accommodation to independent living during their participation in the IEMHS project.

Employment Specialists reported that many participants showed significant improvement in their levels of independence and achieved very positive personal development while involved in the project. An Employment Specialist wrote of one participant:

“ Starting NLN. Improved independence, reduced anxiety, moved house, needs less supported living, able to walk on own, able to get bus on own, improvement in personal hygiene. Improved organisation skill - uses diary. Now able to get to [Local area] and [Other local area] on own. Gaining life skills. ”

Another participant had outcomes described as

“ Improved independence, reduced anxiety, able to go out on own (not assisted), get bus, improved social contact and skills. Joined football group and other outings, improved independence. ”

These descriptions provide an insight into the potential for positive social outcomes alongside job outcomes or even in cases where employment is not obtained.

## Cost/benefit analysis

An independent cost/benefit analysis of this pilot project has been completed by the UK Centre for Mental Health. This report can be found in full in the Appendix of the full report. A summary extract of their analysis can be found below.

- ✱ There were significant differences between the four IEMHS project sites, which meant that in reality, there were four very small IPS services, rather than one project/service with four areas working in close parallel. In our [the Centre for Mental Health's] experience, it is very difficult for a single IPS worker (especially with external supervision) to achieve the hoped for numbers of referrals and sustained job outcomes.
- ✱ However, the project has demonstrated that IPS can be implemented to good fidelity within 12-14 months and that job outcomes approaching expected levels can be achieved. If the services had been staffed with 2-3 Employment Specialists to support one another, they may have been able to get closer to achieving job outcomes of around 35-40%.

- ✱ The cost benefits of the IEMHS service are promising. Value for money would improve if a higher number of service users claiming benefits could be helped into work of sufficient hours and pay to substantially reduce benefit claims.
- ✱ As a proof of concept this experiment has been a success. Actual cost savings are difficult to calculate without an equivalent counterfactual (control site) but it is very reasonable to believe that few of the service users who had been out of work for over 9 years (or even at least 4 years) would have achieved an employment outcome without the IPS service supporting them.

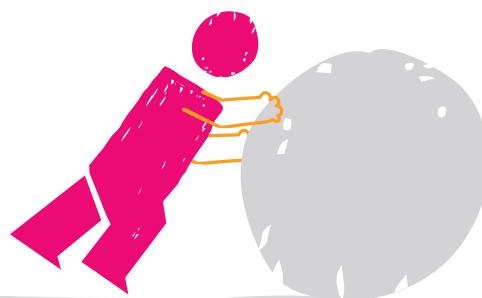
## Challenges of integrated services

IPS requires that Employment Specialists be able to participate in multidisciplinary team meetings and that they have a consolidated case file so that employment support information is located within the clinical case file. In the Irish context, with the requirements of the Data Protection Act and other confidentiality agreements, this meant that a data sharing agreement had to be reached between the two services in each site. A significant early achievement for the project was the development of an inter-agency data sharing protocol for each project site. This involved data sharing protocols being reached between the HSE and the local EmployAbility services. The data sharing protocols allowed Employment Specialists to have access to MDT meetings and to write in clinical files.

As the IEMHS project brings together two different services, and the IPS model requires the Employment Specialist to be located within the MDT, there was a significant decision and implementation process to allow the Employment Specialists to be situated on a regular basis within the MDT's premises. This was implemented differently in each of the sites depending on their circumstances.

The IPS model emphasises the importance of zero exclusion of any participant interested in searching for employment. Regardless of a participant's skillset, job readiness or mental health difficulties, if an interest in competitive employment is expressed, the individual is eligible for the IPS programme. When zero exclusion did not work effectively on the ground, it often did not manifest in the form of explicit exclusion from the IPS service. Instead, sometimes services focused too much on job readiness, sometimes putting IEMHS participants forward for volunteering positions, rather than paid employment, or having participants' job search slowed down in favour of upskilling and education.

Employment Specialists and MDTs encountered some ambitious expectations from participants that required team support. In some instances, participants had unrealistic expectations of the types of jobs they could apply for. For example, a participant may have wanted to search for jobs in a managerial role without having the required qualifications or experience. In order to give the participant the best chance of a successful outcome, Employment Specialists and MDTs worked together to coach participants to understand the need to work incrementally towards higher level positions.



## SUMMARY

The IEMHS project provided training and support to four IPS site teams in order to build capacity for implementing evidence-based supported employment. Participants in the training included MDT members, Employment Specialists and their supervisors, mental health area management team members and Departmental staff. Initial training gave staff members the theory and knowledge to operationalise an IPS service in their local areas.

Over the two years that the project operated, the capacity of these staff members to deliver an IPS service for people with mental health difficulties significantly increased. The IEMHS project gained momentum as the project developed and staff were capable of delivering, across all sites, an IPS service that met the requirements of the IPS Fidelity Scale, with three sites achieving good fidelity and all sites improving their fidelity during the timeframe of the project. The project has successfully met the objective of building IPS knowledge and skills in staff across all four sites.

The IEMHS project has also achieved successful integration between public mental health and supported employment services at both local and national levels. Across four separate sites, Employment Specialists from EmployAbility companies were successfully integrated into HSE mental health teams to the standard set out in the IPS Fidelity Scale. Each site successfully delivered the IPS model, in line with the IPS Fidelity Scale and all sites successfully placed and supported clients into mainstream, paid and competitive employment.

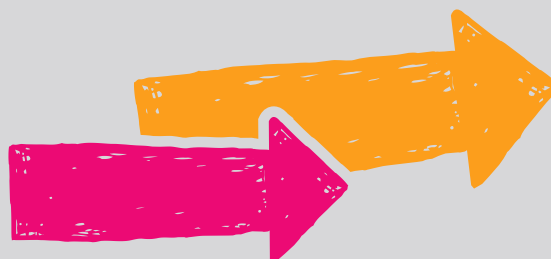
From the perspective of MDT members, benefits of the IEMHS project included a change towards employment being featured as a constant topic of conversation for each client, and that employment featured as much more of a multidisciplinary conversation. It was felt that conversations around employment happened much earlier on in a client's recovery plan and that this was very positive. MDT members expressed that the zero exclusion requirement challenged them to think more openly and creatively about clients' recovery. MDT members also said that because of the stronger links between EmployAbility services and the MDT, they gained a better understanding of the types of local employment opportunities for clients, and that this helped them to understand the local context better.

From the perspective of EmployAbility services, the benefits of the IEMHS project included better communication with mental health services, leading to better job retention for clients. It was felt that many clients that the Employment Specialists worked with would not have retained their positions without the dual support of mental health teams and the EmployAbility services. Employment Specialists also said that because they had a greater understanding of the participants' background, including their mental health situation and clinical notes, they could provide much better support for participants.

In total, 95 participants were involved in the IEMHS project, which exceeds by 15 the number of people the project set out to engage with. All 95 participants were supported towards the goal of obtaining employment and 36% of participants were successful on at least one occasion. This fulfils the final objective set out at the beginning of the project.

Many participants stated that they had very low expectations of ever gaining mainstream competitive employment. Many had also had extremely limited opportunities to gain employment through the current supported employment programme due to its 'job ready' eligibility criterion. Given that people are more likely to obtain employment once they have been in previous employment, it is also reasonable to expect that all of the job-placed participants are more likely to have job placements in the future than would have been the case if they had not participated in the project. Thus, the long-term positive impact of the IEMHS project, and IPS more generally, on participants can be said to be compounding in nature – increasing job placements over time and reducing the likelihood in the long term that these participants will remain wholly reliant on social welfare.

## RECOMMENDATIONS



- ✱ A second phase, national IPS pilot should be carried out, in line with the recommendations made by the Centre for Mental Health. These recommendations are that at least two IPS sites and a control site work with 200 service users each, over 2 years, and that the job outcomes and estimated benefit savings are compared, along with follow-up data on the service users from this project, to establish how many appear to have reduced their use of mental health services compared with use of services in the previous 5 years.
- ✱ Any further IPS pilot should take full advantage of the data sharing protocols that are already in place as a result of the IEMHS project, in order to capitalise on work already completed.
- ✱ Any further pilot should utilise at least two Employment Specialists per site, in line with the recommendations set out by the Centre for Mental Health.
- ✱ The salary scale for Employment Specialists should be set at such a level that will attract candidates with significant experience in job coaching, as well as strong local knowledge of the employment opportunities and employer contacts in the local area of work.
- ✱ In order to benefit from the supported employment experience of EmployAbility services, Employment Specialists should be supervised by an employment supervisor in the EmployAbility service.
- ✱ Training and mentoring should be provided for Employment Specialists by the Community Mental Health Team, in order for Employment Specialists to become accustomed to local practice, particularly the management of clinical files and notes.
- ✱ IPS training should be provided for the whole IPS team, which includes the whole MDT, EmployAbility staff and supervisors and area management teams. Providing training in this way was central to the success of the IEMHS project.
- ✱ Full engagement of the local mental health area management is crucial to attaining full IPS fidelity. Local mental health and EmployAbility management should be engaged with from the very beginning of the project in order to ensure their leadership role in implementation is fulfilled.



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