Individual placement and support improves employment of young people with first episode psychosis

Christoph Lauber

Evid. Based Ment. Health 2009;12;53
doi:10.1136/ebmh.12.2.53

Updated information and services can be found at:
http://ebmh.bmj.com/cgi/content/full/12/2/53

References
This article cites 2 articles, 1 of which can be accessed free at:
http://ebmh.bmj.com/cgi/content/full/12/2/53#BIBL

Rapid responses
You can respond to this article at:
http://ebmh.bmj.com/cgi/eletter-submit/12/2/53

Email alerting service
Receive free email alerts when new articles cite this article - sign up in the box at the top right corner of the article

Topic collections
Articles on similar topics can be found in the following collections
Clinical trials (epidemiology) (6503 articles)
Epidemiology (4445 articles)

Notes

To order reprints of this article go to:
http://journals.bmj.com/cgi/reprintform

To subscribe to Evidence-Based Mental Health go to:
http://journals.bmj.com/subscriptions/
Individual placement and support improves employment of young people with first episode psychosis

**QUESTION**

**Question:** What is the effectiveness of individual placement and support in young people with first episode psychosis?

**Patients:** 41 people (mean age 21 years, 80% male) with first episode psychosis (Structured Clinical Interview for DSM-IV-TR Axis 1 disorders-Patient Edition) wanting to find work and with at least 6 months of treatment remaining at the Early Psychosis and Prevention Centre (EPPIC) which provides 18 months of care in total. Exclusions: lack of fluency in English language.

**Setting:** Melbourne, Australia; recruitment October 2005 to April 2006.

**Intervention:** Individual placement and support (IPS) plus treatment as usual (TAU) versus TAU alone. IPS had the following principles: focus on competitive employment as an outcome; open to anyone with mental illness seeking work; job searching commences immediately on entering the programme; the IPS programme is integrated with the mental health treatment team; potential jobs are based on participant’s preferences; support is unlimited by time and continues after employment if required and welfare benefits counselling is provided. An employment consultant was co-located with the clinical team, and delivered the intervention either on or off site or via the telephone depending on the needs of the participants. Mean number of contacts between the employment consultant and each participant was 29.5. TAU comprised EPPIC care, including individual case management, medical review, group programmes and referral to external vocational agencies.

**Outcomes:** Number of jobs and length of time in each job, number of hours worked per week, hourly rate of pay and welfare benefit status.

**Patient follow-up:** 85% completed treatment; 100% included in analysis.

**MAIN RESULTS**

IPS increased the numbers of people finding employment compared with TAU alone (65.0% with IPS vs 9.5% with TAU; p<0.001). Participants in the IPS group obtained more jobs than the TAU group (23 jobs vs 3 jobs; p = 0.006). The IPS group worked for more weeks than the TAU group, for more hours per week (among those who worked) and received more pay (IPS vs TAU: mean number of weeks worked: 8.65 vs 3.80, p = 0.021; mean hours worked per week: 33.90 vs 22.50, p = 0.006; mean pay in Australian dollars: $4449 vs $3615, p = 0.012). People receiving welfare benefit reduced in the IPS group but not in the TAU group (IPS group: 80% at baseline to 55% at follow-up, p = 0.025; TAU group: 57% at baseline and follow-up, p = 0.517).

**CONCLUSIONS**

IPS is effective in helping young people with first episode psychosis find employment.

**NOTES**

The authors note that only preliminary conclusions can be drawn about the effectiveness of the intervention owing to the small sample size.

**ABSTRACTED FROM**


**Correspondence to:** Dr Eoin Killackey, ORYGEN Research Centre, 35 Poplar Road, Parkville, Victoria 3052, Australia; eoin@unimelb.edu.au

**Source of funding:** National Health and Medical Research Council Program Grant and an unrestricted study grant from Bristol Myers Squibb.

**METHODS**

**Design:** Randomised controlled trial.

**Allocation:** Concealed.

**Blinding:** Unclear.

**Follow-up period:** 6 months.

Unemployment is highly prevalent among people with mental illness, with only 10–20% of those with severe mental illness in employment; this is found in many different countries. In recent years, IPS has been proven in various randomised controlled trials, among them one in Europe and one in Asia, to be much more effective than the traditional vocational rehabilitation approach. However, there has been no research focusing specifically on the question of whether IPS in people with first episode psychosis is more effective than TAU. Killackey and colleagues have helped close this gap.

The article is of interest from a clinical perspective for two main reasons. Firstly, the paper is especially helpful in that it gives a lot of detailed information on job seeking and the type of employment people acquired during the study. Secondly, the results suggest that it is feasible to include people with first episode psychosis into IPS. However, the study does have some limitations that will affect its comparability and generalisability. As the authors admit, the TAU condition consisted of either basic vocational advice from mental health professionals or a referral to external agencies, both of which are known to have insufficient impact on vocational outcomes. The follow-up period was only 6 months, which undeniably limits the comparability as this time period is three times less than in most IPS studies. Finally, the IPS worker input in this study was much higher than usual; in this study, a full time IPS worker had a caseload of 20 people whereas the IPS standard is 25.

Thus the question of how effective and cost effective IPS is in these individuals has yet to be solved, as has the clinical implications of IPS and its transferability to different clinical settings. Larger scale multi-site studies are therefore required that consider the above mentioned limitations and adhere to the usual IPS model.

Christoph Lauber, MD
University of Liverpool, Department of Psychiatry, Liverpool, UK

**Competing interests:** None.