IPS Bergen –
Do you want help to find a job?

IPS Bergen
Individuell jobbstøtte

Ønsker du hjelp
til å komme i jobb?
Individual Placement and Support (IPS)

- IPS aims at helping people with mental health problems and addictions into competitive employment. The support is time unlimited and based upon individual preferences, needs and interests.

- IPS is evidence based Supported Employment and well documented in national and international studies.

- Based upon a “PLACE then TRAIN” model, rather then the traditional “TRAIN then PLACE” approach.
IPS Bergen

- IPS Bergen - a project from 2013 – 2016. Funded by the Directorate of Work and Welfare and Directorate of Health

- The target group of IPS Bergen is young people suffering from psychosis and addictions. IPS Bergen was part of the national RCT study by UNI Research.

- Superior results in terms of employment outcomes, improved mental health, better functioning and quality of life
  – RCT study in Norway (2013 – 2016) by UNI Research

- From project to implementation in 2018
Some background information - Norway

• “One of the most extensive rehabilitation and integration systems in OECD”, but….. “More than every second unemployed Norwegian has a severe or moderate mental disorder; by far the highest number in a sample of OECD countries and much higher than in other countries with a low unemployment rate” (OECD report 2013)

• Mental illness is one the most significant causes of sickness absence, and the main cause of disability pension among young people in Norway (Folkehelseinstituttet, 2009)

• Low employment rates of people suffering from a diagnosis of schizofrenia: 10 % are employed (Evensen, 2015)
Recommendations (OECD report 2013)

- Stop the fragmentation of services in mental health care and rehabilitation and the disconnection between treating physicians and NAV by developing integrated support models.
  
  - Develop collaboration between NAV, local GPs and District Psychiatric Centres.
  
  - Establish work-related issues as a core competence in the District Psychiatric Centres.
  
  - Implement employment as a main outcome in mental health care and develop work-related health care quality indicators.
8 evidence based IPS principles

• Zero exclusion. Eligibility based on person’s preferences
• Competitive employment is the primary goal
• Employment services are integrated with mental health treatment services
• Rapid job search - starts within a month
• Client preferences and choice are honoured
• Employment specialists systematically develop relationships with employers based upon their client’s preferences.
• Personalized benefits counselling is provided
• Job supports are continuous
IPS Bergen – an integrated model for IPS in Hordaland

Steering committee:
Executive directors in Helse Bergen and NAV, one peer support worker and a representative from the municipality

Central work group:
Clinical directors of psychiatric units in Helse Bergen and directors of NAV units

Kronstad District
Psychiatric Center –
NAV Årstad, NAV
Ytrebygda & NAV
Bergenhus

3 employment
specialists
employed by
NAV

Bjørgvin District
Psychiatric Center
-NAV Åsane & NAV
Arna

1 employment
specialist
employed by
Helse Bergen

Regional psychiatric hospital and all NAV offices in the region

1 employment
specialist
employed by
Helse Bergen

Interdepartmental vocational unit – 5 employment specialists, 1 IPS coordinator and 1 team leader /project leader
Integrated IPS clinical teams in Helse Bergen

• Out patient unit (Kronstad DPS)
  – FACT team - Årstad and Ytrebygda
  – FACT team - Bergenhus

• Group treatment and day treatment unit (Kronstad DPS)
  – Early onset psychosis team

• Department for specialized treatment of psychosis. In patient unit (Sandviken sykehus)
  – Section for early onset psychosis
  – Section for early onset psychosis and additions

• Departement of rehabilitation (Bjørgvin DPS)
  – Including ACT team
Zero exclusion?
Few referrals during the first year / inclusion period of the RCT study

• Did patients not want help to seek competitive employment?
• Were the patients being discouraged to enter into the project?
• Did the patients not get information about the project?
Yes, but’s.....

- This service user has a disability pension and we don't consider him to be employable.
- This service user has been assessed several times for his employability and we find that he will not be able to meet the requirements on the open labour market.
- We can offer him customized employment in a work shelters.
- This service user needs to develop his work skills in a pre-vocational programme before he can enter the open labour market.
- She need to show stability through work placements before she is ready for competitive employment.
- He doesn't have any work experience, so the best thing will be to start with unpaid work placement lasting three - six months.
- She is very vulnerable and we don't think she is ready for competitive employment. It would be a good idea to start carefully with volunteer work.
- Substance abuse is not compatible with competitive work.
Yes, but’s……

- Our group of patients are chronically ill, and most of them will not be able to hold on to a job
- Our patients are especially vulnerable, and most of them are not ready for work
- Our patients have early onset psychosis and they are very unstable, so I don't think international IPS studies refer to this particular group of patients
- Vi cannot offer IPS to people with violent behaviours
- We cannot offer IPS to people with addictions
- This patient is missing appointments, so he will probably not meet for work either.
- She needs a proper housing situation before she can start looking for work
- This patient needs be more stable before we can help her looking for a job
Yes, how…!

- Portfolio review by every mental health practitioner
- Opening up to a wider target group

- IPS brochures and posters in waiting rooms and lobbies

- Support from executive team members / steering committee - executive directors and clinical directors
- Central work group and steering committee – quarterly meetings
- Local work groups consisting of local staff, mental health practitioners, employment specialists and head of sections

- First fidelity review early on - about six months in
Yes, how...!

- Training and information for all staff
  - Introducing vocational tool kits
  - IPS courses and lectures

- Guidance, training and support to employment specialists
  - IPS, Motivational interviewing, tools for vocational assessment

- Recruiting new employment specialists – accurate advertising, group interviews and IPS specific interview guide

- Networking and relationship building – building trust

- Work oriented events with patients, IPS job seekers, staff and family members
  - Recovery- and success stories
  - Peer support gatherings
Promoting hope, control & real opportunities

-Schizofreni er ikke identiteten min - NAPHA Nasjonalt kompetansementer for psykis... Side 1 av 4

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SMITTENDE OPTIMISME: -Jeg møtte et fyrverkeri av en dame som var jobbkonsulenten min. Hun trodde så sterkt på meg at jeg begynte å tro på det selv, sier Anne Blåheim. Foto: Roald Lund Fleiner/napha.no

-Schizofreni er ikke identiteten min

-Som 22-åring fikk jeg beskjed om at jeg var i ferd med å utvikle schizofreni, og at det var et sølt engasjement at jeg ville studere. Dette vekket trassen i meg, sier kunsthistoriker Anne Blindheim (34).

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Arbeid og psykisk helse

http://www.napha.no/content.ap?hisid=20564
The importance of peer support workers in clinical teams
Integration of employment specialists into clinical teams

• Member of the team: What does it mean?
  – Employment specialist is recognized as an equal member, not a resource or delivery service

• Understanding the role of the employment specialist

• Shared decisions and better communication

• Vocational information in treatment plans (career profile, job search plan, job support plan etc)

• Addresses issues of concern; that employment is a stressor and will interfere with patients stability

• Belief in patients ability to work
Vocational unit and the importance of competitive employment

- **Employment lead / IPS supervisor:**
  - Gives support to employment specialists
  - Ensures continuous focus on evidence based practice
  - Keeps focus on employment outcome and goals
  - Helps with integration in clinical teams

- **Job development is key:**
  - Employer engagement requires constant focus
  - Crucial to ensure good employment outcomes
  - Engaging with employers based upon individual preferences, needs, interests and dreams
  - Finding good job matches
Finding job opportunities

Visible Job Market: 90% of job seekers apply for the 20% of jobs available in this market

Hidden Job Market: 10% of job seekers apply for 80% of potential jobs in this market

Source: Miles Rinaldi
Job support based on client preferences – some examples

- Career development
- Adjustements at the work place – job tasks, working hours
- Training
- On the job coaching
- Educational information
- Employer meetings
- Check lists
- Transportation to work
- Morning calls
- Developing natural support – on the job mentor
- Help with disclosure
- Help leave unsatisfying jobs and look for more desirable work
Outcomes IPS Bergen

• 47 % has gained competitive employment
• Additional 10 % has started education
• Average working hours per week: 26 hours
  – Range from 4 to 37.5 hours

• 30 – 40 % in competitive employment among clients in active caseload

• Diversity of job types and employers based upon client preferences

• Good fidelity based upon yearly fidelity reviews (from 100 – 113 point the last years)
The future – implementing IPS

- NAV, the municipality and psychiatric services in Hordaland aim at expanding IPS to all other organizations in the region.

- IPS Bergen has status as an IPS resource centre based upon good employment outcomes and high fidelity, and will contribute in:
  - Central and regional training of staff in new and established IPS organizations.
  - Developing and training IPS fidelity reviewers to help obtain and maintain good IPS quality in both new and established IPS services.