MENTAL HEALTH SOCIAL INCLUSION THROUGH JOB PLACEMENT: IMPLEMENTING IPS IN SPAIN

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Objectives: Individual Placement and Support (IPS) is an integrated intervention including social, labor and mental health (MH) with an important component of evidence for its effectiveness in helping people with severe mental disorders (SMD). Its objective is to obtain and maintain competitive jobs, increase social inclusion and quality of life, while consuming fewer resources. In Europe, IPS model is implemented in three countries (Netherlands, Italy, and Spain) involving a collaborative learning environment, sharing background with the IPS Employment Center (IEC).

Back in 2013, the project started with an agreement among three Regional Government Departments at Catalonia (Ministry of Health, Ministry of Business and Labor, and Ministry of Social Wellbeing and Family), "la Caixa" Banking Foundation, Government of Province of Barcelona, and the IEC.

The goal is to improve labor and social inclusion of people with SMD, in a pilot project that aims to integrate efforts and work flow from three areas (health care, social services and labor) both at community and policy levels to develop supported employment.

Based on IPS principles: zero exclusion criteria; personalized benefits counseling; competitive jobs; IPS and MH services integration; rapid job search; IPS professionals building relationships with employers; continuous supports and follow-up’s; and service user’s involvement, respecting clients’ preferences. The innovative challenge involves implementing a new community perspective to support people with SMD finding a job and keeping it.

Methods: Changes implemented are based on a specific patient management system including integration of Employment Services (ES) with MH treatment teams. People with SMD are actively involved in their own IPS plan, and families supporting them in their job search and maintenance. ES involve employers in an active way, by getting close collaborations through a win-win goal. Services are measured by external evaluation through a “Fidelity Scale” validated by IEC.

Actions taken: 1) Professional training; 2) Improving integration between MH and ES (periodic meetings, patient plans and training on benefits planning); 3) On-site support and monitoring achievements through an ICT platform; 4) Quarterly follow-up meetings among regional leaders, MH teams and ES; 5) Action plans developed in each ES.

Results: Since October 2013, 7 sites have adapted their own programs to implement IPS.

Up to September 2016, an average of 393 people with severe mental illness has participated in these programs quarterly. Although severe economic crisis, the percentage of working people have increased almost three fold from the beginning of the program.

Scores in fidelity reviews (which measure adherence of work process to IPS methodology) have improved 33,5% in average. And 671 jobs were covered.

Conclusion: A job integration program based on evidence with significant local leadership, regional focus and commitment of the participants, raising IPS as an important intervention to obtain and maintain competitive employment and recovery for people with SMD, improving their integration in the community at the time, can improve resource consumption and the impact on health.