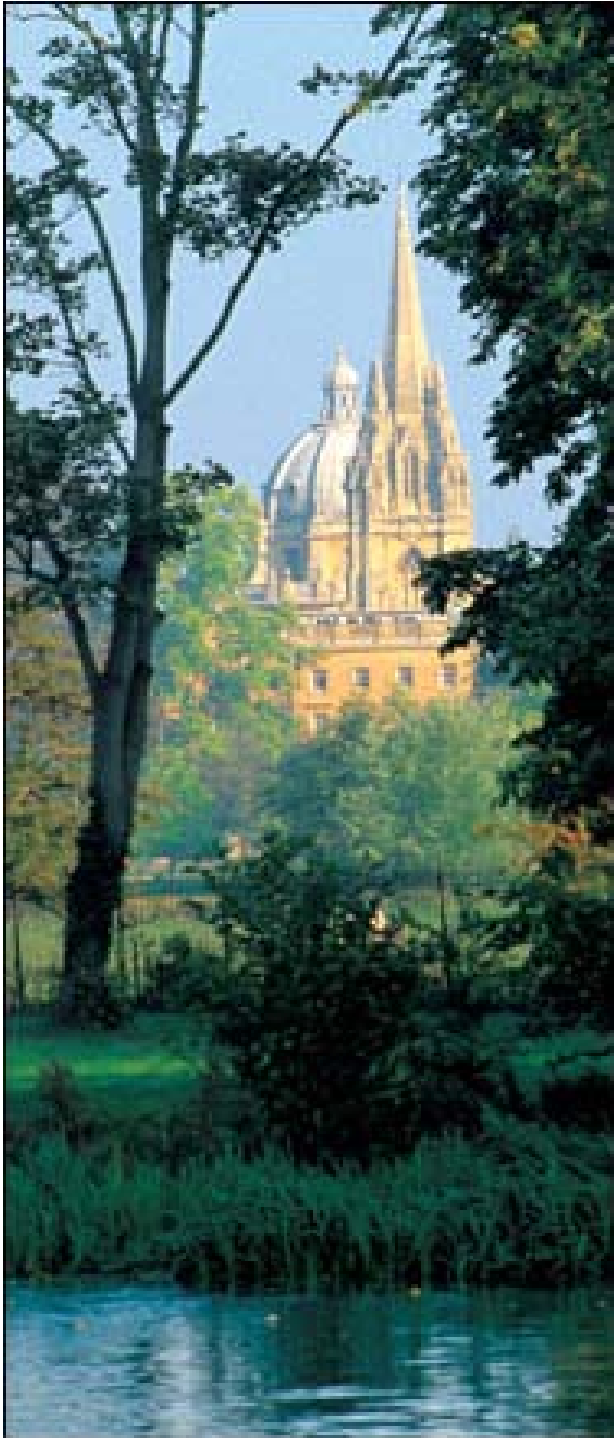




Getting Back to Work with psychosis: The European experience

Professor Tom Burns
Oxford University





Extent of the problem

- **Mental health problems set to be the leading cause of invalidity world-wide**
- **More UK people on disability benefit for mental health (MH) problems than on Job Seekers' allowance**



Two models of vocational rehabilitation

- Traditional structured rehabilitation
 - Countering deficits
 - Training skills
 - Sheltered employment and workshops
- Independent Placement and Support (IPS)
 - Patient preference
 - No exclusions
 - Rapid job search
 - Find a job, then support



US evidence

- 13 studies (5 RCTs) favour IPS over structured vocational rehabilitation (VR)
- 20–60% obtain jobs in IPS
- 10–20% obtain jobs in VR
- Accepted as US evidence-based standard



Why another study?

3 main reasons...





1. Variation in research outcomes

- Assertive Outreach research demonstrates complex interventions effects may vary markedly internationally
- Opportunity to exploit *differences* in European context to illuminate processes



2. Cultural attitudes towards work

- Amartya Sen:
- ‘throughout the 20th century’:
 - The US levels of relative **poverty** would have brought down any European government
 - European levels of **unemployment** that would have brought down any US government

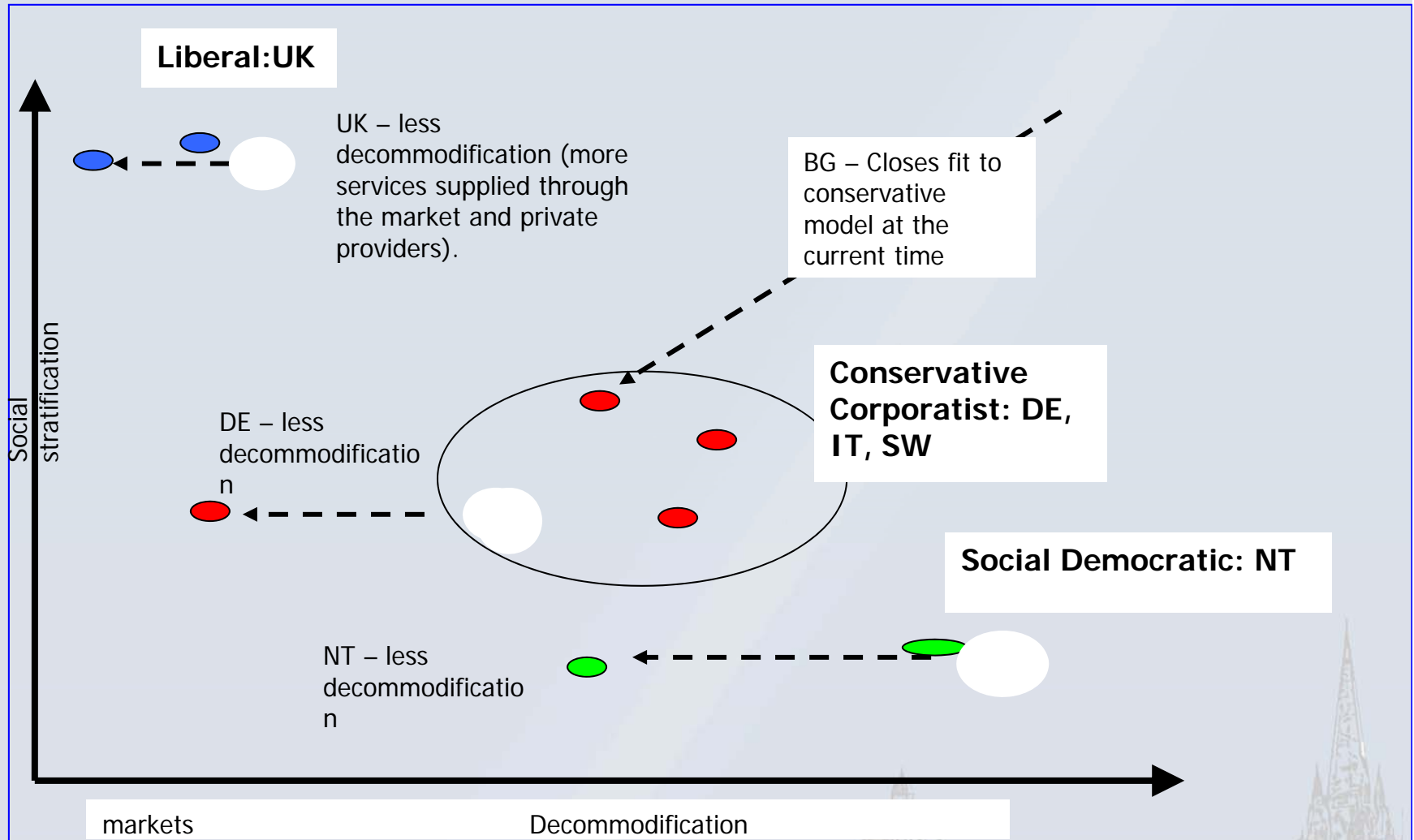


3. Context differences

- Employment legislation & practice
 - US 'hire and fire' versus European employment protection and stability
- Benefit levels
 - European benefits generally higher
 - Varies considerably across Europe
 - Benefit trap



2005 Welfare State Classification



BG – Bulgaria; IT – Italy; DE – Germany; SW – Switzerland; NT – Netherlands; UK - UK



Benefit trap

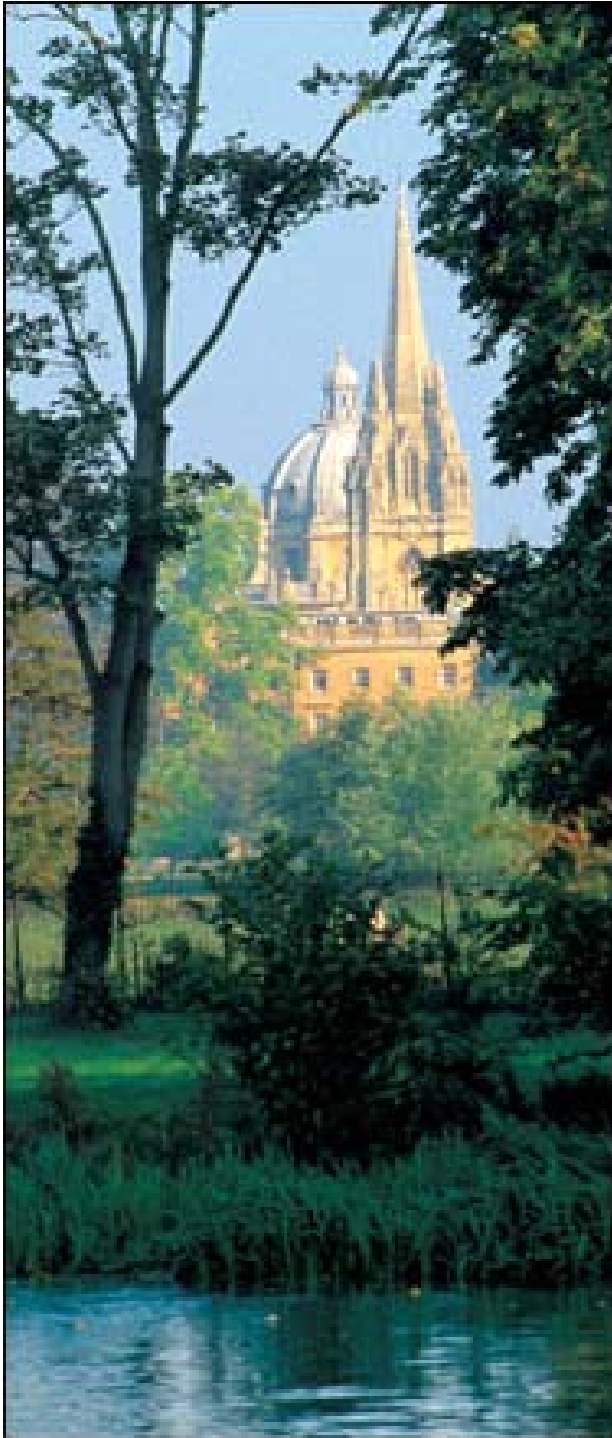
- **Benefits > Salaries**
 - Benefits to make up shortfall in salary;
 - **UK, NT**
- **Benefits \approx salaries**
 - Benefits linked to previous income;
 - **DE & SW**
- **Benefits < salaries**
 - **BG & IT (like USA)**



EQOLISE

Enhancing the **Q**uality **O**f **L**ife and **I**ndependence of persons disabled by severe mental illness through **S**upported **E**mployment

An RCT in London, Rimini, Ulm, Groningen, Zurich and Sophia





The effectiveness of supported employment for people with severe mental illness: a randomised controlled trial

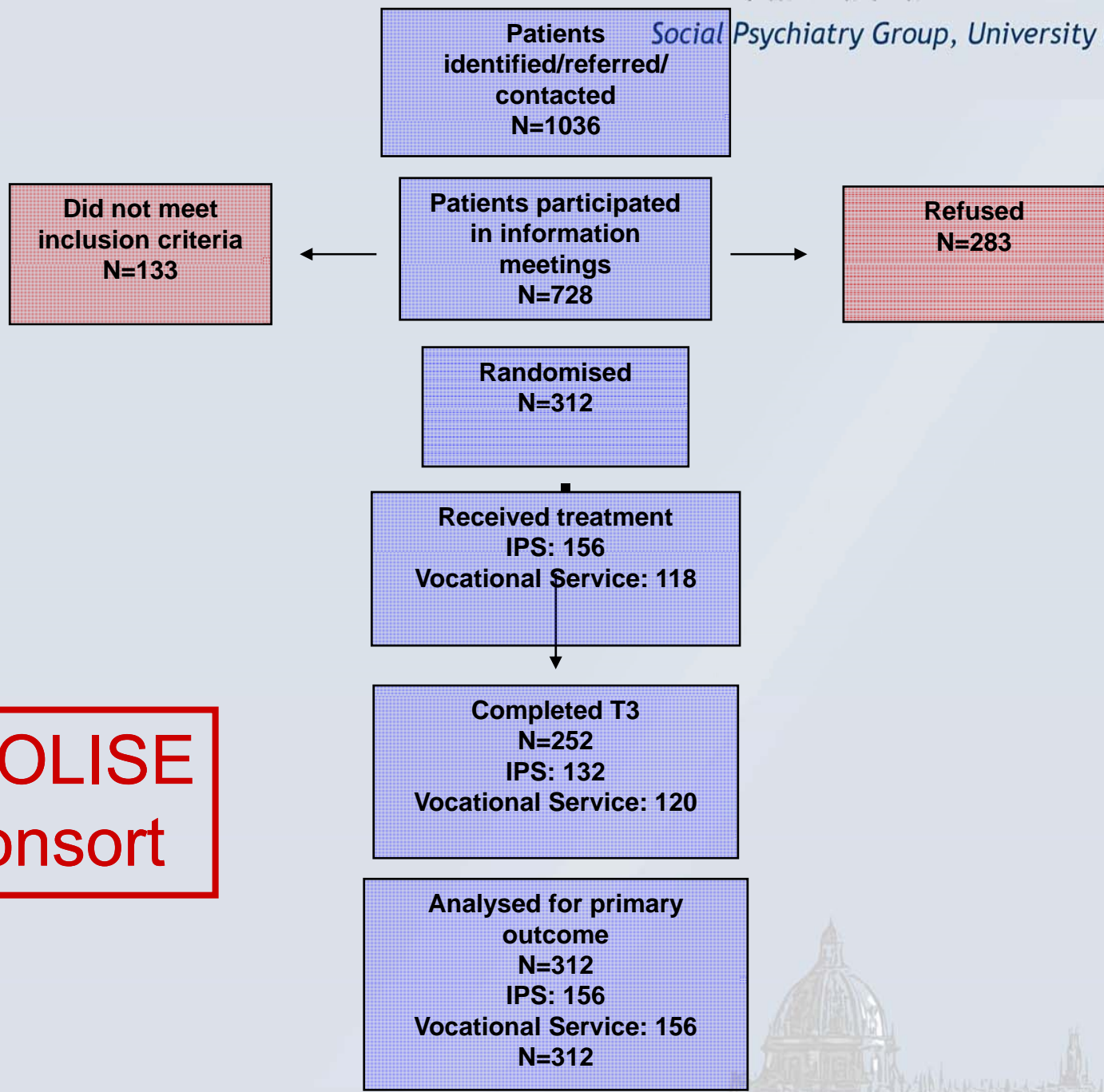
*Tom Burns, Jocelyn Catty, Thomas Becker, Robert E Drake, Angelo Fioritti, Martin Knapp, Christoph Lauber, Wulf Rössler, Tomo Tomov, Jooske van Busschbach, Sarah White, Durk Wiersma, for the EQOLISE Group**

Lancet 2007; 369:



Design and Method

- Randomised control trial (RCT) in six European countries
- Compares IPS with structured VR
- Psychotic patients with extensive unemployment
- Randomisation at the patient level,
 - Stratified using minimisation technique by:
 - Centre, gender and work history
- N=300, 50 from each centre
- Assessments at baseline, 6, 12 and 18 months
- Primary outcome open employment for one day



EQOLISE Consort



IPS intervention

- One IPS worker per site trained and centrally supervised

IPS Principles:

- Goal is competitive employment
- Rapid job search, no lengthy pre-employment training
- IPS worker integrated with MH team
- Services based on clients' preferences and choices
- Unlimited follow-along support



VR intervention

- Vocational rehabilitation using structured, step-wise approach
- Well established and respected locally

Requirements:

- Assess within a month of referral
- Start rehabilitation within two months of referral



Three questions

1. Is IPS effective in Europe?
2. Is its effectiveness influenced by broader social factors?
3. Does return to work for SMI patients involve health risks?



Question 1: Is IPS effective in Europe?



Vocational outcomes

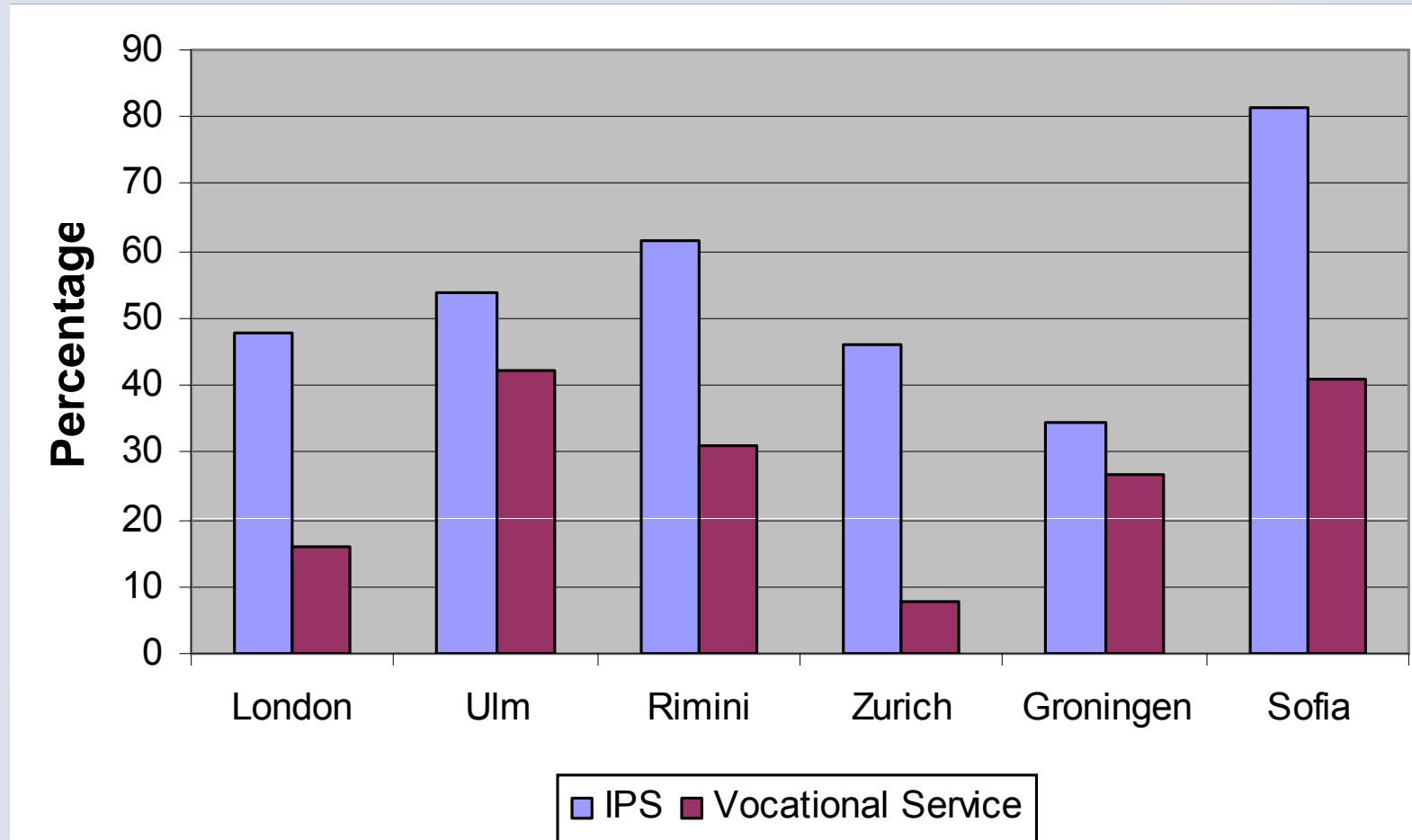
Difference between IPS and Vocational Services – vocational and hospitalisation outcomes					
Outcome	IPS	Vocational	Difference ^a	95% CI ^a	p-value
Worked for at least one day	85 (54.5%)	43 (27.6%)	26.9%	(16.4%, 37.4%)	<0.001
Number of hours worked ^a	428.8 (706.8%)	119.1 (311.9%)	308.7%	(189.2%, 434.2%)	
Number of days employed ^a	130.3 (174.1%)	30.5 (80.1%)	99.8%	(70.7%, 129.3%)	
Job tenure (days) ^a	213.6 (159.4%)	108.4 (112.0%)	104.9%	(56.0%, 155.0%)	
Drop-out from service	20 (12.8%)	70 (44.9%)	-32.1%	(-41.5%, - 22.7%)	<0.001
Hospitalized	28 (20.1%)	42 (31.3%)	-11.2%	(-21.5%, - 0.90%)	0.034
Percentage of time spent in hospital	4.6 (13.6%)	8.9 (20.08)	-4.3%	(-8.40%, - 0.59%)	



Question 2: Is IPS affected by local socio-economic circumstances?

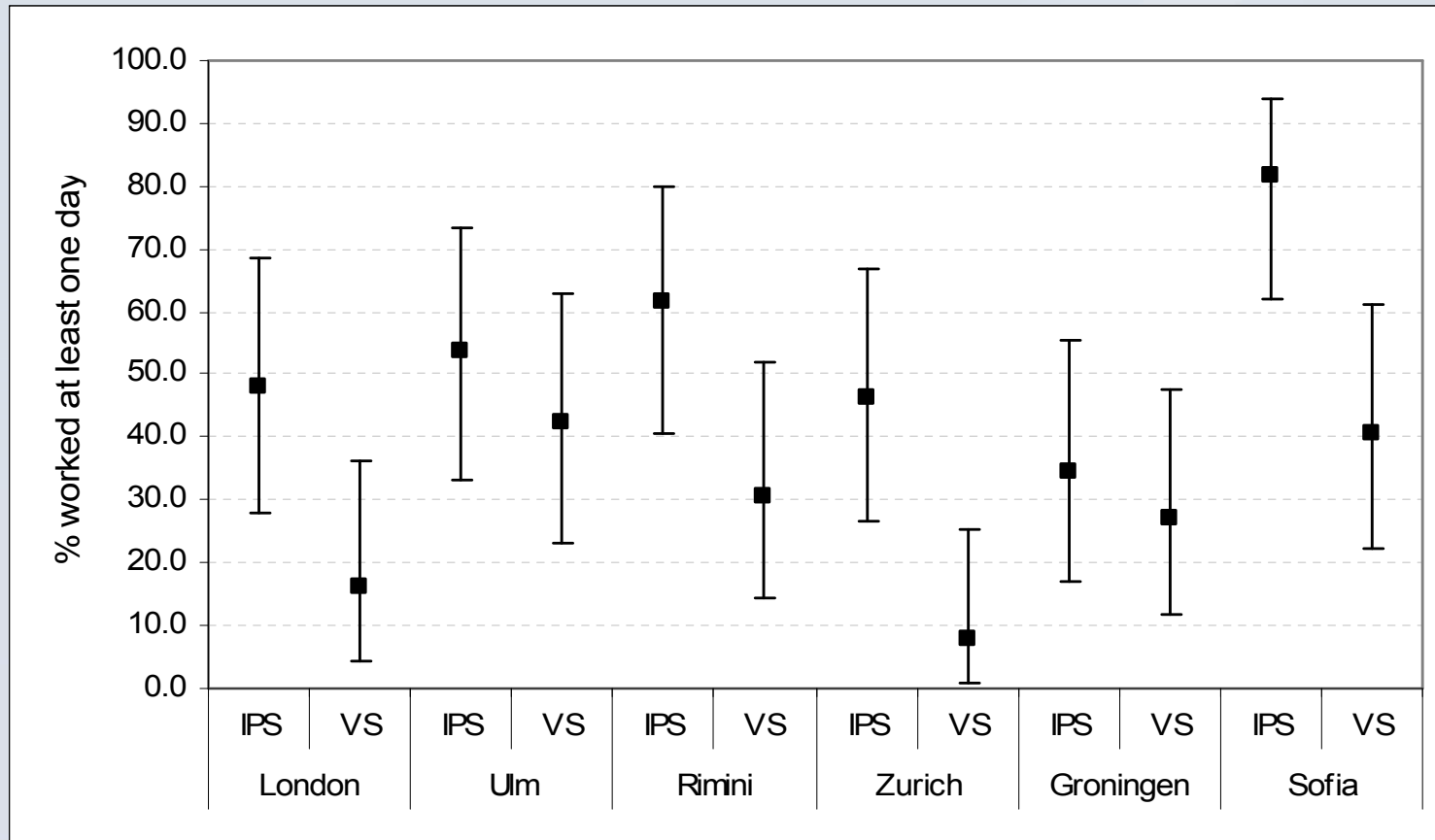


Worked for a day by centre



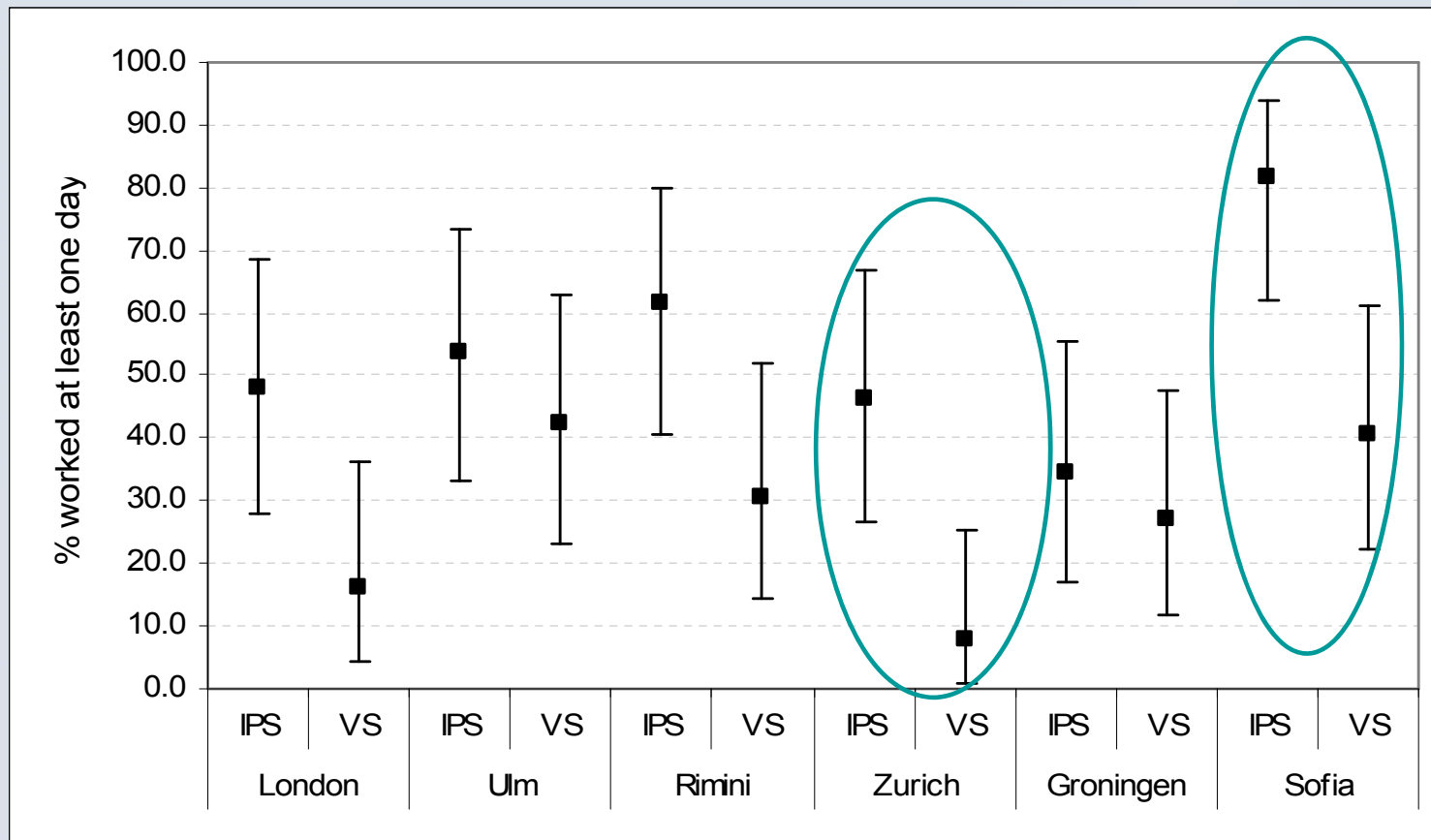


IPS effectiveness within centres (proportions finding a job with 95% CI)





IPS effectiveness within centres (proportions finding a job with 95% CI)



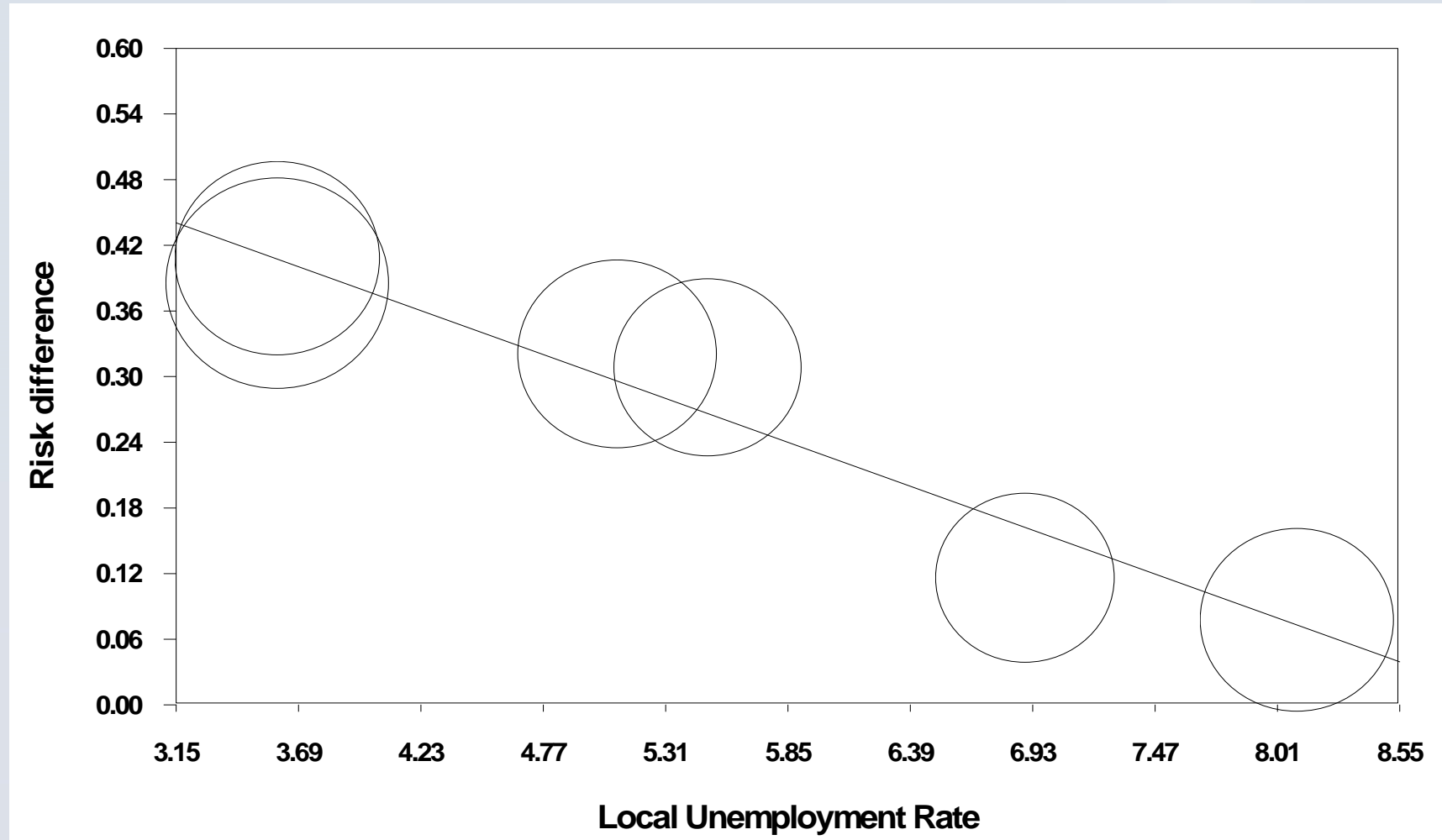


Socio-economic sources of heterogeneity

	IPS effect	Getting a job
Local unemployment rates	0.016	0.001
GDP per capita growth		0.002
% GDP spent on health		
Long term unemployment		0.001
Benefit trap		0.004

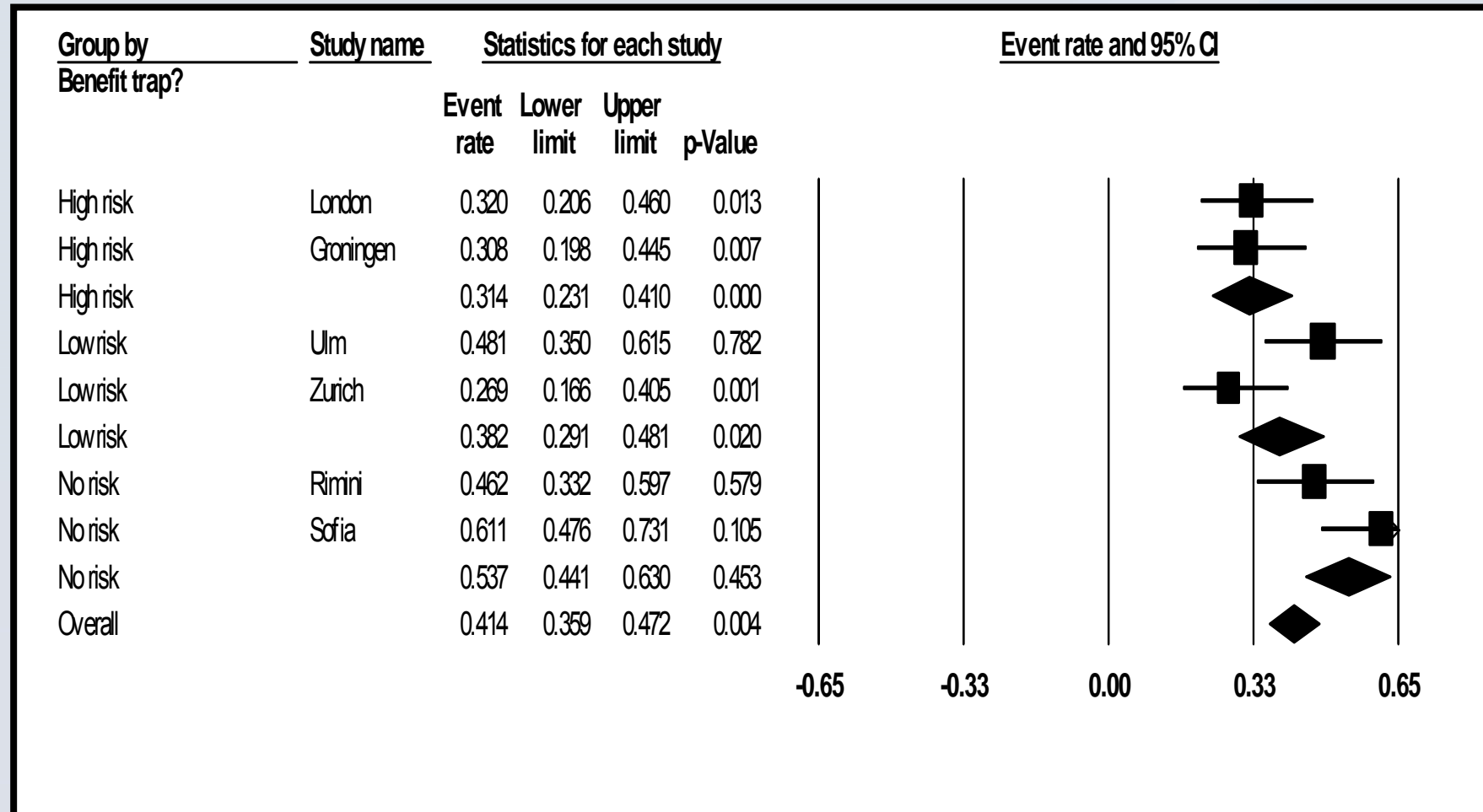


Effect of local unemployment rate on IPS superiority over VR



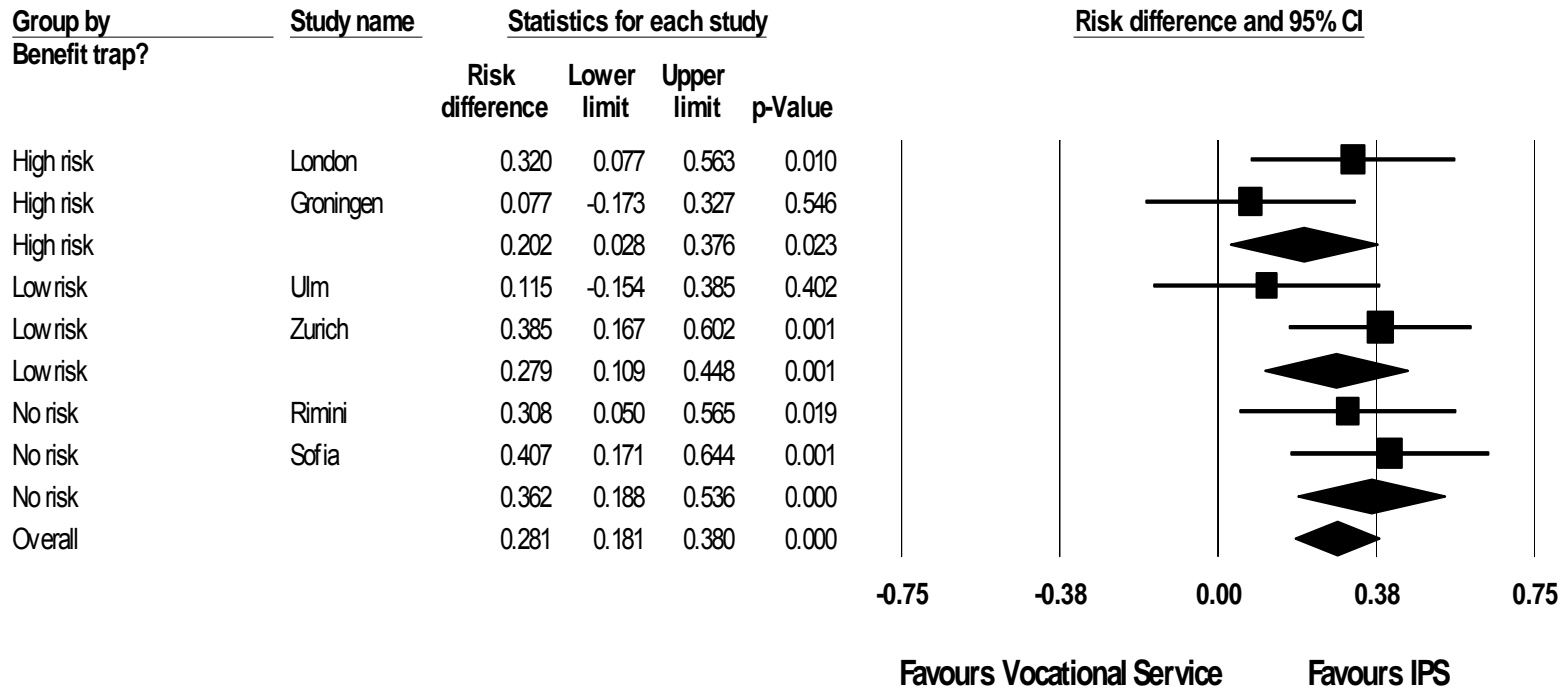


Effect of benefit trap on getting a job overall





Effect of benefit trap on IPS effect size





Question 3: Does returning to work make you ill?



Hospitalisation during study

Difference between IPS and Vocational Services – vocational and hospitalisation outcomes					
Outcome	IPS	Vocational	Difference	95% CI	p-value
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Job tenure (days) ^a	213.6 (159.4%)	108.4 (112.0%)	104.9%	(56.03%, 155.04)	
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Percentage of time spent in hospital	4.6 (13.6%)	8.9 (20.1%)	-4.3%	(-8.40%, - 0.59%)	



Conclusions

- IPS is twice as effective in obtaining employment as structured VR
 - 54.5% vs 27.6%
- Matches US levels
- Effect varies and is influenced by
 - Local unemployment rates (significant)
 - The benefit trap (trend)
- Patients are not made unwell by IPS



What we don't know

- Can IPS be modified and still be as successful?
 - IPS-LITE trial in Oxford
- What patient factors determine success
 - (it doesn't seem to be symptoms)
- How to demonstrate convincingly that IPS driven return to work improves well-being.
- How to maximize social inclusion from return to work

Merci

