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Utilizing the Individual Placement and Support Model in the Recovery Process of Individuals with Serious Mental Illness

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UTILIZING THE INDIVIDUAL PLACEMENT AND SUPPORT MODEL
IN THE RECOVERY PROCESS OF INDIVIDUALS WITH SERIOUS MENTAL ILLNESS

by

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A Research Paper
Submitted in Partial Fulfillment of the Requirements for the
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Approved by:

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CHAPTER 1

INTRODUCTION

The 2010 U.S. Census Bureau reported that only 41.1% of U.S. individuals with disabilities work while 79.1% of individuals without disabilities are employed (Brault, 2012). For individuals with severe disabilities, the numbers are less with only 27.5% employed (Brault, 2012). Securing employment for individuals with disabilities can be difficult enough, but when a nonvisible impairment, such as mental illness, is added to the equation, the challenge can become overwhelming. Recovery for individuals with serious mental illness (SMI) is different for each person; however, Kukla and Bond (2012) noted a commonality in the recovery process for many was the desire to work. Obtaining and maintaining competitive employment is a key element in the recovery of individuals who struggle daily with the difficulties of mental illness (Thomas & Fraser, 2009). The intent of this paper is to review the current literature and recent research concerning the use of an evidence-based practice of supported employment to assist in the recovery of individuals with SMI.

Koletsis et al. (2009) found in their research that most individuals with SMI would like to work and see working as beneficial in their recovery process. In a study conducted by Dunn, Wewiorski, and Rogers (2008), participants with SMI indicated that working improved their lives personally and financially while helping to increase their self-esteem and ability to deal with their illness. Working combats the social isolation that they feel and enables them to become productive members in their communities (Dunn et al., 2008). Bond et al. (2007) reported that there seemed to be a correlation between competitive employment and improved quality of life and decreased mental illness symptoms. Individuals with mental illness report the need for assistance in securing and maintaining employment as well as support when changing

jobs (Courtney, 2012). Based on the information presented, it appears that many individuals with SMI want to work in the community at competitive wages. They realize that working can elicit many positive benefits vocationally and with their mental health. It is an important step as they progress through their recovery process, and it's a goal they would welcome assistance in achieving.

Statement of the Problem

While evidence supports the many benefits of working, why are the majority of individuals with SMI either un- or underemployed? One of the reasons could be that they have not been able to find the right approach to employment. Just as each recovery process is individualized, the employment process should be as well. Individual placement and support (IPS) supported employment is one such process. This model focuses on the types of employment individuals want and encourages their recovery process. IPS is a proven and effective method of helping the SMI population reach competitive employment outcomes (Drake & Bond, 2011). The IPS approach to supported employment provides supports to help individuals remain employed and even advance in their positions (Courtney, 2012). This study is an investigation into the employment aspect of recovery for individuals with SMI that concentrates on the use of the IPS model.

Significance of the Problem

The National Institute of Mental Health (n.d.) has stated that mental disorders occur commonly in both the U.S. and internationally. On average, approximately one in four adults, more than 26%, has been diagnosed with a mental illness; 6% meet the category of SMI (National Institute of Mental Health, n.d.). Of more concern are the 60 to 80% of individuals with mental illness that are unemployed and the nearly 90% unemployment rate for individuals

with SMI (National Alliance on Mental Illness [NAMI], 2010). The figures are quite disturbing when comparing the unemployment rate for adults with mental illness is three to five times higher than adults without a mental illness (NAMI, 2010). In addition, working individuals with SMI are underemployed (NAMI, 2010).

Individuals with SMI encounter numerous barriers to working. The very nature of their illness creates the inability to maintain stable employment. Absenteeism from medication issues or a flare up of symptoms can occur. Low self-esteem hinders one's ability to apply for a job or successfully complete an interview. Russinova, Griffin, Bloch, Wewiorski, and Rosoklija (2011) opined that individuals with SMI who try to keep their disability hidden creates isolation from co-workers. The authors' research indicated that employer and co-worker prejudices against mental illness can have serious consequences on an individual's recovery. Without an employment plan and the assistance of a support team, individuals with SMI may remain among the most unemployable populations.

Purpose of the Study

The purpose of this project is to examine the effectiveness of IPS supported employment in the recovery process for individuals with SMI. This will be accomplished by a critical analysis of research that has been conducted involving successful employment outcomes based on the IPS model. These specific questions will be addressed:

1. What are the differences between traditional vocational rehabilitation approaches and IPS?
2. What are counterarguments against IPS?
3. What is IPS' impact compared to traditional vocational rehabilitation approaches?
4. How are state vocational rehabilitation agencies utilizing the IPS model?

Definition of Terms

The following is a list of definitions or terms that are used throughout the paper:

Competitive Employment is “employment in integrated work settings in the competitive job market at prevailing wages, with supervision provided by personnel employed by the business” (Bond, Peterson, Becker, & Drake, 2012, p. 759). It can be either part- or full-time work as long as it pays minimum wage and is comparable to the same pay as others who do the same work (Becker, Swanson, Bond, & Merrens, 2011). Competitive employment is not time-limited as is the case with some types of prevocational training positions (Swanson & Becker, 2011).

Evidence-Based Practice is a method or approach that is proven to be effective based on research. In other words, results from studies and evaluations provide support for the utilization of a particular practice. According to Bond, Salyers, Rollins, Rapp, and Zipple (2004), evidence-based practices were established on the principles of “(1) using the best available evidence, (2) individualization, (3) incorporating patients’ preferences, and (4) expanding clinical expertise” (p. 577).

Individual Placement and Support is a supported employment model that operates on evidence-based practices (Bond, Peterson, et al., 2012). IPS focuses on competitive employment that can enhance the recovery process of individuals with SMI. IPS services are client-centered and are supported by a team approach intended to assist the individual in becoming employed as soon as possible (Swanson & Becker, 2011). IPS concentrates on rapid employment searches rather than slower, stepwise preemployment activities and services (Gewurtz, Cott, Rush, and Kirsh, 2012).

Recovery is a process that includes reaching and maintaining mental and physical health as defined by the individual (NAMI, 2010). Brennaman and Lobo (2011) expanded on this definition citing individuals report their recovery is a process of self-discovery and the establishment of inner strength and self-respect. The authors described recovery as the ability of individuals learning how to meld their lives with the situations and experiences surrounding their mental illness.

Serious Mental Illness' definition can vary from state to state, program to program, and even insurance company to insurance company. For the purpose of this project, SMI will be defined by the Substance Abuse and Mental Health Services Administration as

persons aged 18 or older who currently or at any time in the past year have had a diagnosable mental, behavioral, or emotional disorder (excluding developmental and substance use disorders) of sufficient duration to meet diagnostic criteria specified within the 4th edition of the *Diagnostic and Statistical Manual of Mental Disorders*. (2010, p. 7)

In addition, the disorder must cause a serious impediment in one or more significant life activities (Substance Abuse and Mental Health Services Administration, 2010). This illness is considered a persistent disorder.

Traditional Vocational Rehabilitation is an approach that focuses on preemployment activities that are meant to prepare individuals for employment (Becker & Drake, 2003). These activities are “in the form of training, instruction, or practice in a protected but artificial setting before entering a competitive work role” (Becker & Drake, 2003, p. 15). Some examples of traditional approaches include transitional programs, work adjustment programs, hospital-based programs, volunteer placements, job clubs, social enterprises, sheltered workshops, supervised

work crews, clubhouses, and skills training (Bond et al., 2007; Corbiere & Lecomte, 2009; Swanson & Becker, 2011).

Limitations

The scope of this project is to review the current literature regarding the role that successful employment plays in the recovery process for individuals with SMI. Emphasis will be on the IPS supported employment model. It is not intended to cover all aspects of SMI recovery or non-serious mental health issues.

The remaining chapters provide a review, discussion, and conclusion. Chapter 2 reviews the literature on SMI and IPS. Chapter 3 discusses the differences between traditional vocational rehabilitation approaches and the IPS model. Chapter 3 also discusses counterarguments to IPS, its impact, and state vocational rehabilitation agencies' experiences with the model. Chapter 4 provides a summation and conclusion on the utilization of IPS supported employment in the recovery process of individuals with SMI.

CHAPTER 2

LITERATURE REVIEW

Brennaman and Lobo (2011) reported that the history of SMI can be traced back to the late nineteenth century and defined as “serious and persistent mental illnesses of the psychosis form” (p. 657). They stated that these illnesses had poor prognoses without the hope of recovery. Individuals with SMI have many barriers blocking their successful recoveries. Kondrat (2012) felt that these barriers can be caused from external sources and can lead to internal barriers. His position was that social stigma can plague many individuals with SMI creating an environment of self-stigmatization (Kondrat, 2012). Corrigan and Watson’s social cognitive model (as cited in Kondrat, 2012) claimed that self-stigma occurs in three stages: “stereotypes, prejudice, and discrimination” (p. 87). For example, a person with SMI may accept the stereotypical belief that people with mental illness are unable to work (Kondrat, 2012). This acceptance can cause the person to believe that he or she is incapable of working, a form of prejudice, and can deter the individual from looking for employment, labeled as discrimination in the social cognitive model (Kondrat, 2012).

Kondrat (2012) discussed self-stigma with regard to how individuals with SMI perceive society sees them. He believed that these perceptions develop from friends and family as well as from the media’s portrayal of mental disease. The media can mislead the public and give the wrong impression of mental illness such as in the 2012 Colorado Theater killings and the Sandy Hook Elementary School shootings. These killing sprees were committed by individuals with mental health issues. The media coverage of these events led to stereotyping and created fear of individuals with mental illness.

Though supporters and members of the mental health community have spent years educating the public on the disease and its physical and biological basis, social stigma persists (Brennaman & Lobo, 2011). As the object of so much negativity, it is understandable why individuals with SMI fear their illnesses will be exposed. This fear induces self-imposed social isolation, self-doubt, and low self-esteem that can increase mental illness symptoms. Many individuals with mental illness report that they would rather deal with their symptoms than the stigma of the disease (Kondrat, 2012). Some individuals' anxiety over being stigmatized can be so severe that they live in denial and refuse to ask for help (Kondrat, 2012).

The help or treatment itself can be another barrier for individuals with SMI. Brekke et al. (2013) reported on provider barriers such as situations where mental health professionals are not trained for the physical care of individuals with SMI. They cited instances of primary care doctors who do not have a full range of training in the mental health field. The authors opined that individuals with SMI may distrust the medical care system, may not have the knowledge of or the money to obtain services, or may not have the mental capacity to seek and secure care.

Acknowledging barriers can assist in the actual recovery process. Once individuals with SMI recognize the barriers, they can develop strategies to overcome them and move forward through their recovery process. There is evidence that supports working can improve recovery, assist in relieving mental health symptoms, and reduce negative feelings produced by barriers (Dunn et al., 2008). A qualitative study by Dunn et al. (2008) on individuals with psychosis as part of their mental illness and had been doing well for a minimum of two years revealed numerous benefits of paid employment. As noted earlier, Dunn et al. reported that study respondents described work helped in their recovery process, improved their self-esteem,

provided financial benefits, enabled them to better deal with their symptoms, and gave them a sense of pride. The authors found that the respondents believed that working provided structure and the opportunity to be a part of the workforce where their mental illness was no longer the central issue in their lives.

Employment is an important and necessary step in the recovery process (Courtney, 2012). Why then are so many individuals with SMI unemployed? Baron and Salzer (2002) discussed earlier schools of thought, which purported that people with mental illness were incapable of working or had limited abilities because of their symptoms. Over the years, these beliefs were refuted as individuals showed better response to improved psychiatric treatments (Baron & Salzer, 2002). Since the illness itself could no longer be blamed for the lack of employability, the focus turned to other reasons such as the shortage of effective rehabilitation programs (Baron & Salzer, 2002).

Various vocational rehabilitation programs are available to help individuals with SMI engage in the workforce. One such program that has gained worldwide recognition is the IPS supported employment model. It has proven to be the most researched, standardized, and effective approach for individuals with SMI desiring competitive employment (Bond et al., 2007; Drake, Becker, Clark, & Mueser, 1999). The IPS model “is a systematic approach to helping people with severe mental illness achieve competitive employment,” according to Bond, Drake, and Becker (2012, p. 32). IPS is a validated evidence-based practice established on the eight principles of:

eligibility based on client choice, focus on competitive employment, integration of mental health and employment services, attention to client preferences, work incentives

planning, rapid job search, systematic job development, and individualized job supports.

(Bond, Peterson, et al., 2012, p. 758)

The IPS model was developed by Deborah Becker and Dr. Robert Drake of the Dartmouth Psychiatric Research Center (PRC) under the Dartmouth Medical School (Durgin, 2010). Durgin (2010) reported that, in 1988, the pair began working together to determine the best method in which to assist individuals with SMI to become employed. The author explained that their model eliminated preemployment services and added the element of integration between vocational and mental health services.

Rinaldi et al. (2008) described IPS' main goal is to find individuals the best job in their communities that can match and build upon their strengths. According to Swanson and Becker (2011), IPS is based on the belief that anyone can work competitively in the community as long as the right job and work environment is provided along with the right supports. The philosophy of IPS is that working can improve the lives and health of individuals with SMI along with reducing the stigma associated with mental illness (Swanson & Becker, 2011). Swanson and Becker stated that work is at the center of these individuals' recovery processes.

IPS operates through a team approach that includes the client, an employment specialist, a state vocational rehabilitation counselor, a case manager, a psychiatrist, family members, and other staff who support the client (Swanson & Becker, 2011). Swanson and Becker (2011) noted that the employment specialist is a key member of the team who works with the client to ensure that his/her vocational needs are a priority. The employment specialist then coordinates the client's vocational plan with the other team members (Rinaldi et al., 2008). Swanson and Becker explained that each team member takes an active role in the process within their own specialty area as well as looking out for possible job leads. They stated that the employment specialist and

other team members will support the client as long as the individual feels the need for it. It is important to point out that it is the clients who must actively participate in the IPS process. They direct the path that their employment plans take.

Bond, Peterson, Becker, and Drake (2012) stated that as an evidence-based practice, it is important to know how well IPS supported employment programs are implemented in accordance with the IPS model. To ensure the programs' effectiveness, they must be performed with high fidelity or adherence to the tenets of the IPS model (Bond, Peterson, et al., 2012). They defined the IPS-25 as a 25-item Supported Employment Fidelity Scale that can measure how well a program is being implemented according to IPS principles. Research has verified that high-fidelity IPS programs are very effective at achieving competitive employment outcomes (Becker et al., 2011; Swanson & Becker, 2011).

CHAPTER 3

ASSESSMENT OF RESEARCH QUESTIONS

The many challenges that individuals with SMI face are daunting. Their roads to recovery are riddled with pitfalls and setbacks. What can be done to enrich their lives and strengthen their success? Competitive employment is part of the solution. With the proper supports, work can help to change their lives. This project examines the effectiveness of IPS supported employment in the recovery process for individuals with SMI through a critical analysis of research. These specific questions will be addressed:

1. What are the differences between traditional vocational rehabilitation approaches and IPS?
2. What are counterarguments against IPS?
3. What is IPS' impact compared to traditional vocational rehabilitation approaches?
4. How are state vocational rehabilitation agencies utilizing the IPS model?

Traditional Vocational Rehabilitation Approaches versus IPS

Traditional approaches to vocational rehabilitation and IPS supported employment are similar in the respect that both have the same goal for individuals—a successful employment outcome. The Rehabilitation Act Amendment of 1986 established supported employment as an approach to help individuals with the most significant disabilities reach and maintain competitive employment (Wehman, Revell, & Kregel, 1998). Supported employment, including IPS supported employment, has been added to the array of available vocational rehabilitation services. However, when comparing traditional vocational rehabilitation approaches with IPS supported employment, there are clear-cut differences.

A look back through history can provide a better understanding of traditional vocational rehabilitation approaches in the mental health field. The philosophy of institutionalizing all individuals with SMI for the remainder of their lives is long past. Through the years, the mental health community realized that social and employment integration were part of the solution to alleviate the disabling aspects of SMI (Becker & Drake, 2003). Becker and Drake (2003) stated that vocational rehabilitation approaches were developed to address the needs of the SMI population and those individuals leaving mental institutions. They described the early programs as being similar to those found in state hospitals. The authors concluded that neither sheltered workshops nor day rehabilitation centers were beneficial as they did not encourage individuals to move beyond these programs and aspire to work within integrated communities. Becker and Drake felt that the emphasis was on keeping individuals mentally stable rather than on helping them to recover and enter society.

Becker & Drake (2003) contended that traditional approaches to vocational rehabilitation programs are more of a “train-place” (p. 15) model focused on preemployment training and involving multiple steps before assessing whether individuals were ready for competitive employment. Their examples of traditional preemployment trainings were “skills training, sheltered workshops, trial work programs, work adjustment jobs, enclave jobs, or businesses run by mental health programs” (2003, p. 15). Becker and Drake found that prevocational assessments were completed but seemed to focus more on individuals’ deficits rather than evaluating their work capabilities. Gewurtz, Cott, Rush, and Kirsh (2012) reported on evidence that supported prevocational training may stifle employment outcomes. Traditional approaches to vocational rehabilitation have not provided long-term effects on competitive employment for individuals with SMI (Drake et al., 1999).

Supported employment is a “place-train” (p. 15) model that focuses on a rapid competitive employment search with training and support provided after an individual is placed in a job (Becker & Drake, 2003). Becker and Drake (2003) proposed that rather than making the individual with SMI wait through a preemployment training period, the IPS model is designed to help individuals reach their employment goals as soon as possible while they are excited and ready to move into work positions. Nazarov, Golden, and von Schrader (2012) stated that services under this model may include “capacity-based assessment of the consumer to aid in job development, on-the-job assessment and training, transportation, job site accommodations (e.g., reader and interpreter services, rehabilitation technology, personal attendance services, information and referral), long-term follow-along, and other on-the-job supports” (p. 119).

Traditional approaches have kept vocational rehabilitation services separated from mental health services leading to misunderstandings and disorganization between agencies resulting in increased dropout rates (Becker & Drake, 2003). Becker and Drake (2003) stated that IPS avoids these issues by ensuring that mental health and vocational professionals are a part of the client’s team. Integrating vocational rehabilitation and mental health services greatly increases job placement and length of employment (Waghorn, Lloyd, & Tsang, 2013).

The IPS model requires that each client have an employment specialist (Swanson & Becker, 2011). This specialist has a small caseload, 20 to 25 clients (Drake et al., 1999), as compared with vocational rehabilitation counselors who usually have much higher caseloads averaging 112 clients (Hayward & Schmidt-Davis, 2005). Smaller caseloads enable the employment specialists to devote more individualized attention to their clients. They can spend more time developing employer relationships that could lead to increased job opportunities.

Becker and Drake (2003) pointed out the difference of inclusion and exclusion in the two approaches. There are some vocational rehabilitation programs that do not allow individuals who have issues with substance abuse or violence; however, IPS encourages participation by all individuals and helps them to explore their capabilities (Becker & Drake, 2003). Some vocational rehabilitation programs have specific time limits, but IPS supports are available as long as the client feels the services are necessary (Becker & Drake, 2003; Swanson & Becker, 2011).

Both traditional vocational rehabilitation and IPS services are designed to help individuals become employed. Yet, their approaches differ with the former placing more emphasis on the prevocational engagement and the latter placing more emphasis on rapid employment search. The traditional vocational rehabilitation approach seems to focus more on the process, whereas the IPS approach seems to be more concerned with immediate employment placement over the actual process.

Counterarguments against IPS

Though the majority of literature on the IPS model boasts of its benefits and successful outcomes, there are some opponents who offer counterarguments. Essen (2012) questioned whether United Kingdom (UK) research in support of IPS within secondary mental health services was appropriate. From 1997 to 2010, the UK Government initiated a study of the employment issues of individuals with diagnosable mental health disorders, which became known as the “Perkins review” (Essen, 2012, p. 232). In *Realising Ambitions: Better Employment Support for People with a Mental Health Condition*, Perkins, Farmer, and Litchfield (2009) addressed the rising numbers of individuals with mental health conditions who were

unemployed. Their review found that these individuals did not wish to be excluded from the workforce or society.

Perkins et al. (2009) provided recommendations to the Government on how to improve the employment opportunities for individuals with mental health problems, one of which was the implementation of the IPS model. Essen (2012) reported that in response to the review and based on additional research, the Government developed the report, *Work, Recovery and Inclusion*. The report was the Government's strategy for breaking down mental health stereotypes and expanding on the Perkins review (Essen, 2012). The Government agreed with the study's findings on the benefits of IPS, so it developed action plans for itself and its stakeholders to combine efforts, to provide more support based on the IPS model, and carefully track employment outcomes and health conditions (HM Government, 2009). Essen took issue with the research that supported the Government's strategies as this evidence was used to promote IPS in the UK. It appeared that Essen questioned whether the evidence provided a complete picture of the employment desires of individuals accessing secondary mental health services in the UK.

According to Essen (2012), the Government's document reported that "an estimated 86--90% of affected people want to work" (p. 233). He claimed that part of this estimate came from a 2001 Office of National Statistics Labour Force survey, which he felt lacked detailed information. Essen disputed the 86% estimate as it differed greatly from an estimated 35% of individuals with mental health issues, not currently employed, who stated that they wanted to work. He claimed that this information was reported by the Government's Social Inclusion Unit in 2004 as interpreted from a 2003 Office of National Statistics Labour Force survey. It

appeared that the same office conducted two surveys just two years apart with the most recent survey results showing a 51% drop in the number of individuals stating that they wanted to work.

Essen (2012) also challenged the 90% estimate as he could not find direct evidence to support this figure in the research cited in the Government's report. He stated that the source utilized in the research was a survey of 156 individuals who used secondary mental health services and were not employed. They were asked if they were interested in any type of work (Essen, 2012). According to Essen, the survey found that 47% were interested, and 43% were tentatively interested. Essen contended that the 90% cited in the Government's report appeared to be a combination of the 47% and 43% of secondary mental health service users who had some interest in working; however, he stated that the respondents did not specify that they wished to have paid employment. Paid or competitive employment is one of the principles of IPS (Swanson & Becker, 2011). Therefore, Essen believed that the 90% estimate of individuals interested in any type of employment, not specifically competitive, was inappropriate evidence to support the Government's strategy to use IPS as an employment model.

Another challenge to the IPS model was Essen's (2012) question of whether work really improves mental health. The author pointed to the Perkins review that cited research from a 2006 study, which concluded that though work is not harmful to the mental health of individuals with SMI, it is not directly responsible for improving their mental status. However, it did appear that there was some evidence that work positively affected their health as a whole (Essen, 2012). Based on this information, Essen again questioned the benefits of the IPS model and whether working improves individuals' mental health.

Essen (2012) further investigated a 2002 report by the Royal College of Psychiatrists used in the Perkins review. Essen stated that the report's authors offered a plentitude of research

in support of a relationship between unemployment and poor health. Yet, Essen contended that they provided just one source that only implied working improves the mental health of individuals with SMI. Essen found that the research was actually comparing work productivity between individuals with mental health issues and individuals with physical health problems. It did not directly address whether working improved health issues (Essen, 2012). Essen seemed to be suggesting that the Perkins review used this information as part of its research to draw the conclusion that most individuals with mental health conditions desire gainful employment.

Based on this research, Essen again questioned whether working really improves mental health.

It does not appear that Essen is against individuals with serious mental health conditions working, but the author challenged whether the IPS model could accurately “reflect client goals” (Essen, 2012, p. 231). Essen (2012) was not convinced that clients were really interested in paid, competitive employment. He did not feel that clients’ definition of working was the same as the definition of competitive work that IPS promotes. He believed that there was cited evidence, some of which is presented above, that provided counterarguments to the promotion of IPS in the UK.

Other professionals support prevocational skills training before job placement for individuals with SMI (Mueser & Liberman, 1988). Mueser and Liberman (1988) discussed the benefits of a Job-Finding Club program that generally runs for 24 days before employment is achieved. They reported that the first week of this program requires participants to attend a six-hour day workshop that assesses and teaches job-search skills. The program included employment leads, writing resumes, and completing applications as well as job interview training (Mueser & Liberman, 1988). This line of thinking is in direct opposition to IPS, which promotes rapid job search without vocational training beforehand.

Swanson et al. (2011) brought up several issues regarding prevocational situational assessments utilized by state vocational rehabilitation agency counselors. These assessments would be eliminated in the IPS process due to its rapid job search principle (Swanson et al., 2011). The authors explained that counselors felt these assessments were essential in determining whether clients were really ready to work and evaluating appropriate types of jobs. They reported that counselors held concerns over whether their employer relationships would suffer should they hire clients that were not prepared to work. Swanson et al. offered the service providers' perspective. The authors found that these assessments were paid through state vocational rehabilitation programs and were a large source of revenue, which providers did not want to lose. Providers were just as apprehensive as counselors regarding the elimination of assessments for the purpose of assessing job readiness (Swanson et al., 2011).

Even though credited with developing IPS, Becker and Drake (2003) pointed out concerns regarding the model and supported employment. Becker and Drake stated that critics see the process as too costly and hard to execute. There are other concerns raised such as the longevity of employment obtained through IPS and whether individuals with SMI really reap large rewards other than obtaining a job (Becker and Drake, 2003). Becker and Drake acknowledged these issues and felt more research is necessary, but in time, IPS and other services would positively progress and help individuals in their recoveries.

Within this paper, SMI's complexities have been described. IPS has been defined and an overview of this supported employment model has been provided. A comparison of traditional vocational rehabilitation and IPS approaches has been presented. Various sources have offered counterarguments to the utilization of the model. Therefore, a discussion regarding the impact of the approaches is warranted.

What is IPS' Impact Compared to Traditional Vocational Rehabilitation Approaches?

Evidence supports that the IPS model has more impact in assisting individuals with SMI achieve and maintain competitive employment than traditional vocational rehabilitation approaches and even non-IPS supported employment. Drake, Becker, Clark, and Mueser (1999) claimed that out of any vocational services model effective for individuals with SMI, IPS had the most compelling empirical evidence. Research verifies that individuals participating in IPS services as opposed to other vocational services are three times more likely to achieve regular employment (Swanson & Becker, 2011). The model positively impacts successful employment outcomes and individuals' recovery processes.

Becker and Drake (2003) suggested the earliest studies of IPS began as an experiment with rehabilitation day programs for individuals with SMI. The authors explained that a rehabilitation day program stopped its regular services and replaced them with supported employment services that eventually became known as IPS. This change was compared to another rehabilitation day program that kept its method of service provision (Becker & Drake, 2003). Becker and Drake stated that in a year, the converted rehab program showed positive results in competitive employment outcomes. Under the earlier program, its rate of employment was 33%, which increased to 56% under the supported employment program; the other rehabilitation day program's employment rates remained the same (Becker & Drake, 2003). The authors noted that satisfaction feedback from the clients and other stakeholders was high. They reported that these results spurred the comparison center to switch to a combination rehab day program in the morning and an IPS model of supported employment in the afternoon. They found that not long after the switch, clients in the morning rehab program dropped out and joined the afternoon IPS services, which led the rehabilitation day program to completely convert to

IPS. Becker and Drake reported that a year later, competitive employment rates rose from 9% to 40%.

The experimental study provided a solid basis for the success of the IPS supported employment model; however, Becker and Drake (2003), the creators of IPS, wanted to carefully and thoroughly test the model (Durgin, 2010). The gold standard in medical research is the randomized controlled trial (RCTs) (Becker & Drake, 2003). Becker and Drake reported that five RCTs were performed comparing IPS to other vocational programs. They stated that IPS had the most favorable results in all five RCTs.

According to Becker and Drake (2003), the first of these RCTs is the well-known and documented New Hampshire Study. This study is important as it verified the success of IPS, but it also provided evidence that the IPS model of supported employment obtained better results than non-IPS supported employment services (Becker & Drake, 2003). The IPS model, offered through a community mental health center, was compared to a rehab program claiming to be a supported employment service provider (Becker & Drake, 2003; Drake et al., 1999). This program offered eight weeks of prevocational training (a traditional stepwise approach), job search, and follow-along services (Becker & Drake, 2003; Drake et al., 1999). Becker and Drake reported that over an 18-month period, participants in the IPS program achieved faster competitive employment outcomes, remained employed during follow-up, and worked and earned more than the comparison program. The authors pointed out that the IPS employment rate was 78% and only 40% for the comparison program. During most of the 18-month period, the IPS employment rate was 40% compared to 20% for the non-IPS program (Becker & Drake, 2003; Drake, McHugo, Becker, Anthony, & Clark, 1996).

Becker and Drake (2003) contended that the difference in the supported employment programs was that the IPS model had integrated vocational and mental health agencies, whereas the comparison program did not. In addition, the comparison group had clients participate in an eight-week preemployment and skills training component, thereby delaying the search for employment as noted by the authors. They claimed that non-integrated vocational and mental health services and prevocational training were contrary to IPS' principles.

Drake et al. (1999) opined that IPS outcomes exceeded traditional vocational rehabilitation approaches due to the fact that the IPS model combines the most effective features of vocational services. The IPS model stays true to its operating principles that are validated through research from IPS and non-IPS studies (Drake et al., 1999). The authors stated research has affirmed the positive benefits of integrating mental health and vocational services and engaging clients in rapid job searches. They asserted that “there continues to be no empirical support for the view that prevocational training or other stepwise approaches help clients find jobs faster, to find better jobs, or to hold jobs longer” (p. 295). Supporting the opinion of Drake et al., are findings from Swanson et al. (2011) based on state vocational rehabilitation clients' feedback. These individuals did not feel that traditional prevocational services, such as situational assessments, would better prepare them for employment (Swanson et al., 2011).

Campbell, Bond, and Drake (2011) completed a meta-analysis on four RCTs (three were part of the five RCTs mentioned above). The authors wanted to evaluate the differences between high-fidelity IPS and traditional programs such as stepwise models. Campbell et al. were interested in assessing the two vocational approaches based on “work history, demographic, and clinical variables” (p. 372) and how these factors affected working. Their findings indicated that

IPS was superior to other vocational programs in competitive employment outcomes “regardless of background demographic, clinical, and employment characteristics” (p. 370).

Rinaldi et al. (2008) evaluated IPS in the UK by utilizing the model in eight community mental health teams (CMHTs). The authors noted that placing employment specialists within the CMHTs increased the number of clients in competitive employments. They found that within six months, the specialists provided support to 38% of clients in competitive employment and increased it to 39% at 12 months while maintaining an 88% retention rate. These evaluation results were similar to the results obtained in U.S. RCTs providing evidence that IPS can be successful in other countries as well (Rinaldi et al., 2008). Rinaldi et al. concluded that IPS proved to be more effective at assisting individuals with SMI obtain and retain employment. They believed that the emphasis that IPS places on client support is the driving force behind positive employment outcomes.

As of October 2012, Bond (2012) provided the most up-to-date information on the impact and effectiveness of the IPS model. Based on 17 RCTs inside and outside the U.S., IPS was found to have greater advantages and proven to be more effective than comparison groups of traditional vocational rehabilitation services including non-IPS models of supported employment (Bond, 2012). The author reported that the average competitive employment rates were 59% for IPS with a median of 64% versus 25% for control groups with a median of 26%.

IPS’ impact has been addressed both quantitatively and qualitatively in studies. Koletsi et al. (2009) interviewed 48 individuals with psychotic disorders who were engaged in an international RCT that compared IPS to traditional vocational rehabilitation approaches. The authors reported that the quantitative findings from the six-country RCT indicated that IPS increased study participants’ access to employment two-fold. They noted that those individuals

in the comparison vocational services groups had a higher drop-out rate. The qualitative portion of the study supported the quantitative findings. IPS participants stated that they were given more support in obtaining and maintaining competitive employment as opposed to the comparison group that received assistance with placements or employment in sheltered workshops (Koletsi et al., 2009).

Both groups reported employment barriers due to their mental illness symptoms; however, the individuals who had not found jobs in the comparison vocational services group stated that they had encountered the most barriers (Koletsi et al., 2009). Koletsi et al. (2009) found that the comparison group did not feel that they had received job search support or services specific to their needs. Though not to a great extent, IPS participants did feel they had more support in keeping employment when compared to feedback from the comparison group as reported by the authors. Both groups expressed that they did not feel that they received as much follow-up support as they should have (Koletsi et al., 2009).

From this study, respondents who had found employment reported a greater sense of security in their lives, both financially and personally (Koletsi et al., 2009). Koletski et al. (2009) found that the individuals felt part of society, which reduced their feelings of isolation and improved their self-esteem. Koletsi et al. noted that participants who did reveal their mental illness on the job did not have negative experiences, but they did report having increased stress. The authors reported that overall the study found that within the IPS group, working improved participants' well-being. There were also findings of IPS having additional advantages over the comparison traditional vocational services approach (Koletsi et al., 2009).

The review of the research finds overwhelming support for the IPS model. Its impact has been demonstrated in numerous studies and RCTs. Individuals with SMI that have utilized the

IPS model have reported vocational success as well as improvement in the personal aspects of their lives. With such positive employment results, IPS would seem to be a natural fit for other employment service providers such as the federal/state vocational rehabilitation programs.

How Are State Vocational Rehabilitation Agencies Utilizing the IPS Model?

One of the early providers of vocational rehabilitation services was the federally-funded state vocational rehabilitation (VR) program. This program's history dates back to 1918 when the Soldiers Rehabilitation Act was passed that established vocational education and training for soldiers returning home after World War I (Reed, 1992). The first Vocational Rehabilitation Act was created with the passage of the Smith-Fess Act in 1920 to include services for civilians (Reed, 1992). Through the decades, the Soldiers Rehabilitation Act was amended numerous times and morphed into the present-day law that VR agencies operate under known as the Rehabilitation Act of 1973, as amended. Section 103, under Title I of the Rehabilitation Act, as amended, describes numerous types of vocational services that could be provided for individuals with disabilities who desire to obtain and maintain work including, but not limited to, supported employment services ("Title I—Vocational Rehabilitation Services," n.d.). The amendments changed the culture of VR programs from one of the consumer as just the recipient of services to one of the consumer as the participant in services and partner in rehabilitation plan decisions. This culture change created a ripe foundation for VR agencies to build supported employment programs to assist individuals with the most significant disabilities.

There is proven research that supports the success of the IPS model leading many states to adopt it. Though various organizations and state rehabilitation agencies implement IPS supported employment, this research paper addresses state VR programs that utilize the IPS model in collaboration with the Dartmouth Psychiatric Research Center (PRC). Currently, these

states are Connecticut, Illinois, Kentucky, Kansas, Maryland, Minnesota, Missouri, North Carolina, Ohio, Oregon, South Carolina, Vermont, and Wisconsin as well as the District of Columbia (“J & J – Dartmouth,” n.d.).

With financial support from Johnson & Johnson Corporate Contributions, the PRC runs the Johnson & Johnson – Dartmouth Community Mental Health Program, established in 2001, to provide IPS supported employment to individuals with SMI who want to work (“J & J – Dartmouth,” n.d.). The PRC provides high fidelity IPS supported employment training, technical assistance, and four-year funding to states that desire to participate in the program (“J & J – Dartmouth,” n.d.). The state VR agency and the state mental health authority produce additional funding and partner to administer the program through community mental health centers (CMHC); states solely support the IPS process and continue service provision after program funding ends (“J & J – Dartmouth,” n.d.). Swanson and Becker (2011) pointed out that when individuals participate in both IPS and VR services, their outcomes are more successful. The state VR program offers many services advantageous to IPS clients such as job shadowing, equipment and supplies necessary for work, and on-the-job support (Becker & Drake, 2003).

As of July 2013 Dartmouth PRC reported that out of the 13 participating states and the District of Columbia, 11,159 individuals have received IPS services with a competitive employment rate of 40% (“J & J – Dartmouth,” n.d.). Based on data collected for 41 quarters, the average employment rate was 43% (“J & J – Dartmouth,” n.d.). Several state VR programs have provided insights on their experiences and results of utilizing the IPS model. For instance, the Maryland State Department of Education, Division of Rehabilitation Services, and the Maryland Department of Health and Mental Hygiene, Mental Hygiene Administration, began working with the Johnson and Johnson – Dartmouth Community Mental Health Program in 2001

to institute IPS in six CMHCs (Marrone, Cala, Haines, Boeltzig-Brown, & Foley, 2013). By 2012, the number of CMHCs trained in IPS rose to 39 with 22 achieving fidelity (Marrone et al., 2013). Maryland's supported employment programs for SMI have produced higher competitive employment rates than the non-IPS evidence-based practices of supported employment (Marrone et al., 2013).

Marrone, Cala, Haines, Boeltzig-Brown, and Foley (2013) reported that Oregon's Office of Vocational Rehabilitation Services and the Addictions and Mental Health Division worked with the Johnson and Johnson – Dartmouth Community Mental Health Program in early 2000 starting IPS programs and expanding supported employment services in county mental health organizations. Marrone et al. stated that by 2012, there were 21 out of 36 counties in Oregon that provided IPS services with reports of a substantial increase in the number of hours worked during and after supported employment services as well as an increase in earnings. The authors also reported on Vermont's experiences with IPS. They stated that the Division of Vocational Rehabilitation and the Department of Mental Health started their relationship with the Johnson and Johnson – Dartmouth Community Mental Health Program in 2001 to implement the IPS model with 10 CMHCs providing supported employment services. It is estimated that the state's Community Rehabilitation and Treatment (CRT) Program, which works with Dartmouth's PRC in providing IPS supported employment services, serves between 2,500 and 3,000 individuals (Marrone et al., 2013).

According to Marrone et al. (2013), South Carolina joined the Johnson and Johnson – Dartmouth Community Mental Health Program and adopted the IPS model. South Carolina's Departments of Vocational Rehabilitation and Mental Health partnered to implement IPS services in three CMHCs during 2002. Marrone et al. reported that nine out of 17 CMHCs and

another site provide IPS supported employment services. An estimated 500 individuals with SMI receive vocational rehabilitation and mental health services in South Carolina with IPS services provided to 85 to 88% of that population (Marrone et al., 2013). The authors noted that the IPS programs have consistently achieved top marks during fidelity reviews. Based on 2008 data, South Carolina reported that IPS program participants earned an additional \$533.00 a month compared to just \$17.10 per month before entering the program (Marrone et al., 2013). The authors stated that South Carolina's return-on-investment was calculated at approximately one to six meaning for every \$1.00 spent on an IPS program, participants earned \$6.00.

The information above provides an overview of IPS' implementation and some of the positive results from its utilization in state VR programs. A more detailed picture can be obtained by looking at two Midwestern states that utilize IPS for individuals with SMI in their VR programs: Minnesota and Missouri. Both states work with the Johnson and Johnson – Dartmouth Community Mental Health Program (“J & J – Dartmouth,” n.d.). According to the 2010 U.S. Census Bureau, the two states are similar in population size with 5,303,925 Minnesota residents and 5,988,927 Missouri residents (United States Census Bureau, 2013). In their 2012 State Rehabilitation Council annual reports, Minnesota's and Missouri's state VR programs reported that their largest disability group served was mental illness, 33% and 31% respectively, and they had similar numbers for mental illness successful closures as well (Minnesota Department of Employment and Economic Development, 2012; Missouri Vocational Rehabilitation, 2012). During fiscal year 2012, Minnesota had 30% and Missouri had 26% mental illness successful employment closures out of their total successful employment outcomes (Minnesota, 2012; Missouri, 2012).

Minnesota's Vocational Rehabilitation Services (VRS) and the Department of Human Services-Adult Mental Health Division began their relationship with the Johnson and Johnson – Dartmouth Community Mental Health Program in 2006 (Courtney, 2012). Courtney (2012) explained that Minnesota already had a program set up to assist individuals with SMI in acquiring and maintaining employment known as Extended Employment (EE) SMI. Therefore, Minnesota implemented its IPS model in six of the EE-SMI CMHCs and community rehabilitation programs that were already in place (Courtney, 2012). Courtney described Minnesota's first year of the IPS grant as a planning and collaboration year, and years two, three, and four were implementation and training years. The author stated that a trainer/consultant position was created in 2007 and funded through the end of the grant period in 2010 to assist sites with training and technical assistance during the implementation of the IPS program.

Based on the EE-SMI and IPS longitudinal employment outcomes tracking system, Courtney (2012) reported that these projects have employment outcomes that are the same as national benchmarks. The IPS programs are cost beneficial as they decrease the dependence on other mental health services (Courtney, 2012). The author also pointed out that the IPS programs have annually exceeded a 50% engagement rate for employment since 2006. She credits the programs for rapidly assisting individuals with SMI into “real jobs for real pay” (p. 14).

After the IPS grant money was exhausted, Minnesota had the difficult task of funding the IPS programs as many other providers have encountered (Courtney, 2012). Courtney (2012) acknowledged that even though providers of the IPS services favor the program for its flexibility and ease of eligibility requirements, legislative appropriations are limited; therefore, the ability to

serve individuals is also limited with VRS providing the only funding. Still, Courtney pointed out that some progress has been made in serving individuals with SMI in Minnesota through IPS.

Similar to Minnesota, Missouri Vocational Rehabilitation collaborates with its Department of Mental Health (DMH) but through the Division of Behavioral Health Services (Missouri, 2012). In 2009, they received a Johnson and Johnson – Dartmouth Community Mental Health Program grant to expand IPS services (Marrone et al., 2013). As Minnesota had established EE-SMI before implementing the IPS model, Missouri had a partnership with DMH to provide evidence-based supported employment for individuals with SMI (Marrone et al., 2013). As reported by Marrone et al. (2013), Missouri wanted to improve its services to this population, so it created a liaison position between the two state agencies and began working with the Institute for Community Inclusion (ICI) at the University of Massachusetts, Boston. This relationship led Missouri to change its supported employment programs to IPS programs (Marrone et al., 2013).

With assistance from the Johnson and Johnson – Dartmouth Community Mental Health Program, Missouri sought to reach fidelity in all of its IPS sites (Marrone et al., 2013). As Minnesota hired a state trainer with grant funding, so did Missouri. However, Missouri was able to continue its support of the trainer position for technical assistance and fidelity reviews even after grant funding ended (Marrone et al., 2013; Missouri, 2012). As noted earlier, Minnesota has six IPS sites whereas Missouri has nine; three of which have achieved “exemplary fidelity” (Missouri, 2012, p. 13).

Marrone et al. (2013) reported that “anecdotal evidence” (p. 46) of Medicaid costs for IPS clients decreased during services. Missouri stated that between 2009 and 2011, 538 individuals with SMI were found eligible for IPS services with an employment success rate of

64%, which is a little higher than Minnesota's 50% rate (Marrone et al., 2013). Missouri intends to continue its partnership with DMH in providing financial support for IPS services in order to improve successful employment outcomes of individuals with SMI (Marrone et al., 2013).

CHAPTER 4

SUMMARY AND CONCLUSION

Having an illness is difficult enough, but having a non-visible illness that can be uncontrollable at times and easily misunderstood impairs one's quality of life. Individuals with SMI face many hardships such as discrimination, poverty, isolation, stigmatization, and demoralization. They encounter numerous barriers that can lower their self-esteem and self-image compounding the problems and symptoms associated with their mental illness. Despite these limitations, studies indicate that a large majority of individuals with SMI wish to work and acknowledge the prominent role that employment plays in their recovery process. Yet, evidence has been offered in this project that statistically demonstrates that individuals with SMI are far more likely to be unemployed compared to individuals without mental illness.

This paper's research has indicated that individuals with SMI are one of the most difficult populations to employ due to the nature of their disease. Their unpredictability and volatility in certain situations results in employers' reluctance or refusal to hire them. Imagine an individual suffering with schizophrenia that is noncompliant with treatment. Just one episode of a schizophrenic break from reality can result in potential harm to the employer, co-workers, or customers. This is the type of fear among employers that can fuel the rejection of employing individuals with SMI in their businesses.

This project has highlighted the need of individuals with SMI to grow beyond disease stabilization. Learning to live and integrate into their communities is part of their recovery. These individuals see competitive employment as an important step in that process. What can be done to help the SMI population and quell the fears of employers?

There are several rehabilitation approaches to assist individuals with mental illness in obtaining employment. The literature reviewed provides a solid foundation of evidence in support of utilizing the IPS model in the recovery process of individuals with SMI. The IPS supported employment approach works well with the recovery process as both are individualized. Employment is the key that can open doors to life's successes. It can raise self-esteem, promote independence, provide control, and create empowerment. Individuals with SMI can secure and maintain competitive employment through the IPS model bringing them one step further in their recovery journey. As stated earlier in the paper, the IPS philosophy is based on eight principles ranging from client preferences to continuous job supports that help in the SMI recovery process.

Through the literature review, it has been discovered that the SMI population is a specialized group who require specific services to assist in their search for, achievement in, and retention of competitive employment. The unpredictability and variability of their disease necessitates individualized attention and unique support. Their treatment can never be a one-size-fits-all approach. The IPS model provides this individualization and network of support. Research shows that individuals with SMI are more likely to stay employed if they are interested in employment engagement, have the opportunity to voice their preferences, are a part of the job search process, and like the jobs that they choose.

Individuals with SMI fare better when they have a support group. The IPS method utilizes a team approach where the individuals are the center of the group and direct their career path. They also have the advantage of an assigned employment specialist who is able to devote individualized attention to each person as they carry smaller loads of only 20 to 25 cases. The remainder of the team consists of individuals that make up the support network such as family

members, psychiatrists, case managers, and any other persons important in the individuals' recovery processes. The fact that the teams will be available as long as the individuals feel it is necessary is a reflection of the commitment to these individuals.

The IPS approach is a well-researched and documented evidence-based practice that results in more competitive employment outcomes than traditional vocational rehabilitation approaches as well as other supported employment programs. It has been instituted in the U.S. and other countries. Both qualitative and quantitative studies have shown the method works including numerous RCTs. While there have been opponents of IPS, the proven benefits of the approach far outweigh any arguments against it. Review of the research validates that the IPS model positively impacts individuals with SMI. Two of the reasons that it has proven to be a better method than traditional vocational rehabilitation approaches for this population are its rapid job search practices and the integration of vocational rehabilitation and mental health services.

IPS focuses on rapid job search as opposed to making individuals train before employment. It eliminates the slow, step-by-step prevocational services that can drain individuals' enthusiasm. Different types of SMI create different types of problems for individuals seeking employment. Some individuals may become easily restless or distracted due to their illness symptoms or from the medication treatment. Requiring these individuals to sit through long, prevocational assessments and trainings may result in their dropping from the program, whereas rapid job search with training after employment can avoid lengthy delays in securing job openings. IPS offers real employment experiences as opposed to non-competitive sheltered employment typically found in traditional vocational rehabilitation approaches. Day rehabilitation programs also promote prevocational activities, thereby delaying rapid job search

and possibly resulting in lack of interest. IPS' rapid job engagement deters apathy while its on-the-job supports help individuals with SMI adjust to their new positions and build tenure.

Combining vocational rehabilitation and mental health services is another IPS principle that creates a win-win situation over traditional vocational rehabilitation approaches. Many state vocational rehabilitation programs and state mental health agencies share the same clients. As both state programs provide similar services to individuals with SMI, it is more effective to combine cost and resource efforts to serve the same population. Braided funding from both agencies can better support recovery goals and provide complete wrap-around services. Clients benefit from the best of both worlds when vocational rehabilitation and mental health services join forces. Duplication of services is avoided along with miscommunications that clients encounter between the two agencies. The disorganization that can occur when two separate agencies serve the same client base is not an issue in the IPS approach to supported employment. The eligibility and service processes can be streamlined, which benefits not only the clients but also the VR program, the mental health agency, service providers, and other stakeholders.

Many local and state agencies provide IPS services. Dartmouth has devoted an entire center to the research and support of the IPS model. Its PRC oversees the Johnson and Johnson – Dartmouth Community Mental Health Program, which has worked with approximately 26% of state vocational rehabilitation programs in furthering the practice of IPS supported employment. These states have had employment successes with their SMI populations and have increased their IPS programs and service sites. They have such strong beliefs in the IPS model, that they have continued the program even after the PRC Johnson and Johnson four-year grant period ended. These states have secured their own funding in order to serve individuals with SMI

through the IPS approach. With continued use and experience, the state VR programs can grow IPS services, achieve fidelity, and perhaps expand the IPS model to other disability groups.

The SMI population faces complex issues regarding employability. These individuals require specialized services to assist in their vocational rehabilitation and in achieving competitive employment outcomes. The IPS model can alleviate some of the adversity that their illnesses create. It is a proven employment approach that individuals with SMI can utilize to move forward in their recovery processes.

REFERENCES

- Baron, R. C., & Salzer, M. S. (2002). Accounting for unemployment among people with mental illness. *Behavioral Science and the Law*, 20(6), 585–599. doi: 10.1002/bsl.513
- Becker, D. R., & Drake, R. E. (2003) *A working life for people with severe mental illness*. New York, NY: Oxford University Press.
- Becker, D. R., Swanson, S., Bond, G. R., & Merrens, M. R. (2011). *Evidence-based supported employment fidelity review manual* (2nd ed.). Retrieved from:
<http://www.dartmouth.edu/~ips>
- Bond, G. (2012). Evidence for the effectiveness of individual placement and support model for supported employment. Retrieved from <http://www.dartmouth.edu/~ips2/resources/12-ips-evidence-10-23.pdf>
- Bond, G. R., Drake, R. E., & Becker, D. R. (2012). Generalizability of the individual placement and support (IPS) model of supported employment outside the US. *World Psychiatry*, 11(1) 32–39. Retrieved from <http://www.ncbi.nlm.nih.gov/pmc/>
- Bond, G. R., Peterson, A. E., Becker, D. R., & Drake, R. E. (2012). Validation of the revised individual placement and support fidelity scale (IPS-25). *Psychiatric Services* 63(8), 758-763. doi: 10.1176/appi.ps.201100476
- Bond, G. R., Salyers, M. P., Dincin, J., Drake, R. E., Becker, D. R., Fraser, V. V., & Haines, M. (2007). A randomized controlled trial comparing two vocational models for persons with severe mental illness. *Journal of Consulting and Clinical Psychology*, 75(6), 968-982. doi:10.1037/0022-006X.75.6.968

- Bond, G. R., Salyers, M. P., Rollins, A. L., Rapp, C. A., & Zipple, A. M. (2004). How evidence-based practices contribute to community integration. *Community Mental Health Journal*, 40(6), 569-588. doi: 10.1007/s10597-004-6130-8
- Brault, M. W. (2012). Americans with disabilities: 2010. U.S. Census Bureau. Retrieved from www.census.gov/prod/2012pubs/p70-131.pdf
- Brekke, J. S., Siantz, E., Pahwa, R., Kelly, E., Tallen, L., & Fulginiti, A. (2013). Reducing health disparities for people with serious mental illness: Development and feasibility of a peer health navigation intervention. *Best Practice in Mental Health*, 9(1), 62-82. Retrieved from <http://lyceumbooks.com/MentalHJournal.htm>
- Brennaman, L., & Lobo, M. L. (2011). Recovery from serious mental illness: A concept analysis. *Issues in Mental Health Nursing*, 32(10), 654-663. doi:10.3109/01612840.2011.588372
- Campbell, K., Bond, G. R., & Drake, R. E. (2011). Who benefits from supported employment: A meta-analytic study. *Schizophrenia Bulletin*, 37(2), 370-380. doi: 10.1093/schbul/sbp066
- Corbiere, M., & Lecomte, T. (2009). Vocational services offered to people with severe mental illness. *Journal of Mental Health*, 18(1), 38-50. doi: 10.1080/09638230701677779
- Courtney, C. T. (2012). *Status and evaluation of employment support services for people with mental illness*. Retrieved from Minnesota Department of Employment and Economic website:
http://www.positivelyminnesota.com/JobSeekers/People_with_Disabilities/Extended_Employment_-_Long-term_Job_Supports/EE_Research_Reports.aspx
- Drake, R. E., Becker, D. R., Clark, R. E., & Mueser, K. T. (1999). Research on the individual placement and support model of supported employment. *Psychiatric Quarterly*, 70(4), 289-301. doi: 10.1023/A:1022086131916

- Drake, R. E., & Bond, G. R. (2011). IPS support employment: A 20-year update. *American Journal of Psychiatric Rehabilitation, 14*(3), 155-164.
doi:10.1080/15487768.2011.598090
- Drake, R. E., McHugo, G. J., Becker, D. R., Anthony, W. A., & Clark, R. E. (1996). The New Hampshire study of supported employment for people with severe mental illness. *Journal of Consulting and Clinical Psychology, 64*(2), 391-399. Retrieved from http://www.psychosocial.com/dualdx/drake_nh.html
- Dunn, E. C., Wewiorski, N. J., & Rogers, E. S. (2008). The meaning and importance of employment to people in recovery from serious mental illness: Results of a qualitative study. *Psychiatric Rehabilitation Journal, 32*(1), 59-62. doi:10.2975/32.1.2008.59.62
- Durgin, J. (2010, Spring). Working wonders. *Dartmouth Medicine, 34*(3). Retrieved from <http://dartmed.dartmouth.edu>
- Essen, C. (2012). Does individual placement and support really 'reflect client goals'? *Journal of Psychiatric and Mental Health Nursing, 19*(3), 231-240. doi: 10.1111/j.1365-2850.2011.01769.x
- Gewurtz, R. E., Cott, C., Rush, B., & Kirsh, B. (2012). The shift to rapid job placement for people living with mental illness: An analysis of consequences. *Psychiatric Rehabilitation Journal, 35*(6), 428-434. doi: 10.1037/h0094575
- Hayward, B. J., & Schmidt-Davis, H. (2005). *Longitudinal study of the vocational rehabilitation (VR) services program, third final report: The context of VR services* (Contract No. HR92022001). Retrieved from U.S. Department of Education website: <http://www2.ed.gov/rschstat/eval/rehab/vr-final-report-3.pdf>

- HM Government. (2009). *Work, recovery & inclusion: Employment support for people in contact with secondary care mental health services*. Retrieved from <https://www.gov.uk/government/publications>
- J & J – Dartmouth. (n.d.). Retrieved from <http://sites.dartmouth.edu/ips/j-j-dartmouth-community-mental-health-program/>
- Koletsis, M., Niersman, A., van Busschbach, J. T., Catty, J., Becker, T., Burns, T., . . . Wiersma, D. (2009). Working with mental health problems: Clients' experiences of IPS, vocational rehabilitation and employment. *Social Psychiatry & Psychiatric Epidemiology*, *44*(11), 961-970. doi:10.1007/s00127-009-0017-5
- Kukla, M., & Bond, G. (2012). Job match and job tenure in persons with severe mental illness. *Journal of Rehabilitation*, *78*(1), 11-15. Retrieved from <http://web.ebscohost.com>
- Kondrat, D. C. (2012). Do treatment processes matter more than stigma? The relative impacts of working alliance, provider effects, and self-stigma on consumers' perceived quality of life. *Best Practice in Mental Health*, *8*(1), 85-103. Retrieved from <http://lyceumbooks.com/MentalHJournal.htm>
- Marrone, J., Cala, M. L., Haines, K., Boeltzig-Brown, H., & Foley, S. (2013). Vocational rehabilitation agencies helping people with psychiatric disabilities get employed: How far have we come? How far do we have to go? Case studies of promising practices in vocational rehabilitation. Retrieved from http://www.communityinclusion.org/article.php?article_id=358
- Minnesota Department of Employment and Economic Development. (2012). *Minnesota State Rehabilitation Council -- general – 2012 annual report*. Retrieved from

http://www.positivelyminnesota.com/JobSeekers/People_with_Disabilities/PDFs/Annual_Report_2012.pdf

Missouri Vocational Rehabilitation. (2012). *Missouri State Rehabilitation Council 2012 annual report*. Retrieved from

<http://dese.mo.gov/vr/documents/FINALFY2012MOSRCANNUALREPORT.pdf>

Mueser, K. T., & Liberman, R. L. (1988). Skills training in vocational rehabilitation. In J. A. Ciardiello & M. D. Bell (Eds.), *Vocational rehabilitation of persons with prolonged psychiatric disorders* (pp. 81-103). Baltimore, MD: Johns Hopkins Press.

National Alliance on Mental Illness. (2010). The high costs of cutting mental health. Retrieved from

http://www.nami.org/Content/NavigationMenu/State_Advocacy/Advocacy_2010.htm

National Institute of Mental Health. (n.d.). The numbers count: Mental disorders in America.

Retrieved from <http://www.nimh.nih.gov/health/publications/the-numbers-count-mental-disorders-in-america/index.shtml>

Nazarov, Z. E., Golden, T. P., & von Schrader, S. (2012). Prevocational services and supported employment wages. *Journal of Vocational Rehabilitation* 37(2), 119-129. doi: 10.3233/JVR-2012-0605

Perkins, R., Farmer, P., & Litchfield, P. (2009). *Realising ambitions: Better employment support for people with a mental health condition*. Retrieved from Department for Work &

Pensions website: <http://www.dwp.gov.uk/docs/realising-ambitions.rtf>

Reed, K. L. (1992). History of federal legislation for persons with disabilities. *American Journal of Occupational Therapy*, 46(5), 397-408. doi: 10.5014/ajot.46.5.397

- Rinaldi, M., Perkins, R., Glynn, E., Montibeller, T., Clenaghan, M., & Rutherford, J. (2008). Individual placement and support: From research to practice. *Advances in Psychiatric Treatment, 14*(1), 50-60. doi:10.1192/apt.bp.107.003509
- Russinova, Z., Griffin, S., Bloch, P., Wewiorski, N. J., & Rosoklija, I. (2011). Workplace prejudice and discrimination toward individuals with mental illnesses. *Journal of Vocational Rehabilitation, 35*(3), 227-241. doi: 10.3233/JVR-2011-0574
- Substance Abuse and Mental Health Services Administration, Office of Applied Studies. (2010). *Results from the 2009 national survey on drug use and health: Mental health findings* (NSDUH Series H-39, HHS Publication No. SMA 10-4609). Retrieved from <http://www.samhsa.gov/data/NSDUH/2k9NSDUH/MH/2K9MHRResults.pdf>
- Swanson, S. J., & Becker, D. R. (2011). *Supported employment. Applying the individual placement and support (IPS) model to help clients compete in the workforce*. Center City, MN: Hazelden.
- Swanson, S., Burson, K., Harper, J., Johnson, B., Litvak, J., McDowell, M., & Weinstein, G. (2011). Implementation issues for IPS supported employment: Stakeholders share their strategies. *American Journal of Psychiatric Rehabilitation, 14*(3), 165-180. doi: 10.1080/15487768.2011.598099
- Thomas, J. R., & Fraser, V. (2009). Implementing evidence-based supported employment in a recovery-oriented mental health agency. *American Journal of Psychiatric Rehabilitation, 12*(2), 143-160. doi: 10.1080/15487760902813129
- Title I—Vocational Rehabilitation Services. (n.d.). Retrieved from <http://www.access-board.gov/enforcement/rehab-act-text/title1.htm>

United States Census Bureau. (2013). *State and county QuickFacts*. Retrieved from <http://quickfacts.census.gov/qfd/states/>

Waghorn, G., Lloyd, C., & Tsang, H. W. H. (2013). Vocational rehabilitation for people with psychiatric and psychological disorders. In J. H. Stone & M. Blouin (Eds.), *International Encyclopedia of Rehabilitation*. Retrieved from <http://cirrie.buffalo.edu/encyclopedia/en/article/39/>

Wehman, P., Revell, G., & Kregel, J. (1998). Supported employment: A decade of rapid growth and impact. *American Rehabilitation*, 24(1), 31-43. Retrieved from <http://search.naric.com/research/rehab/>

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