



IPS in Aotearoa New Zealand – Insights from Linked Administrative Data

<https://www.msd.govt.nz/about-msd-and-our-work/publications-resources/research/individual-placement-and-support-trials/index.html>

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Disclaimer

These results are not official statistics. They have been created for research purposes from the Integrated Data Infrastructure (IDI) which is carefully managed by Stats NZ. For more information about the IDI please visit <https://www.stats.govt.nz/integrated-data/>.

The results are based in part on tax data supplied by Inland Revenue to Stats NZ under the Tax Administration Act 1994 for statistical purposes. Any discussion of data limitations or weaknesses is in the context of using the IDI for statistical purposes, and is not related to the data's ability to support Inland Revenue's core operational requirements.

The opinions, findings, recommendations, and conclusions expressed in this report are those of the authors, not Stats NZ, MSD, or the other agencies involved in this research collaboration.

Background: IPS practices and principles

1. integration of mental health and employment services: employment specialists and clinical teams work operating as one team in delivering an IPS programme
2. focus on competitive employment ie. employment in mainstream competitive jobs
3. eligibility based on client choice: ‘zero exclusions’ – everyone who is interested in working is eligible regardless of eg. perceived job-readiness or legal system involvement
4. attention to client preferences: job search is consistent with a participant’s preferences and skills
5. rapid job search: people are helped to look for jobs soon after entering
6. systematic job development: employment specialists develop relationships with employers and proactively seek work opportunities based on a person’s work preferences – they do not just respond to advertised vacancies
7. individualised job supports: employment support is time-unlimited and individualised to both the employer and the employee
8. work incentives planning: benefits counselling, including advice on how working will affect benefits, supports the person through the transition from benefits to work

Background: Existing evidence base

IPS has consistently demonstrated greater effectiveness than the best locally available alternative approaches in helping adults with severe mental illness into work

The evidence base on non-vocational outcomes is developing

Few studies have looked at the cost-benefit of IPS

There is emerging evidence that IPS can be effective for groups other than those with severe mental illness, and modified models are being developed

See eg:

<https://ipsworks.org/index.php/evidence-for-ips/>

Frederick, D. E., & VanderWeele, T. J. (2019). Supported employment: Meta-analysis and review of randomized controlled trials of individual placement and support. *PLoS ONE*, 14(2). <https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0212208>

Bond, G. R., Drake, R. E., & Pogue, J. A. (2019). Expanding Individual Placement and Support to Populations With Conditions and Disorders Other Than Serious Mental Illness. *Psychiatric Services*. <https://doi.org/10.1176/appi.ps.201800464>

The aim of this study

1. Examine 5 case study DHBs with established IPS services to build a descriptive picture of :
 - the **rate of participation** where IPS is available
 - the **profile of participants**
 - participants' **employment outcomes** and how they compare with an international benchmark

with a particular focus on equity of access and employment outcomes for Māori and Pacific peoples
2. Describe development of IPS aligned services over time and their current national reach

Rate of participation

Overall, in the 3 years to June 2018:

DHB	A: Number of unique people who received IPS employment support	B: Number of unique people who had a face-to-face activity with a mental health or addiction service in the DHB	Overall programme reach: A/B x100
Auckland	573	18,510	3.1%
Counties Manukau	480	20,949	2.3%
Lakes	342	6,330	5.4%
Taranaki	393	5,187	7.6%
Waikato	906	16,830	5.4%
Total	2,694	67,806	4.0%

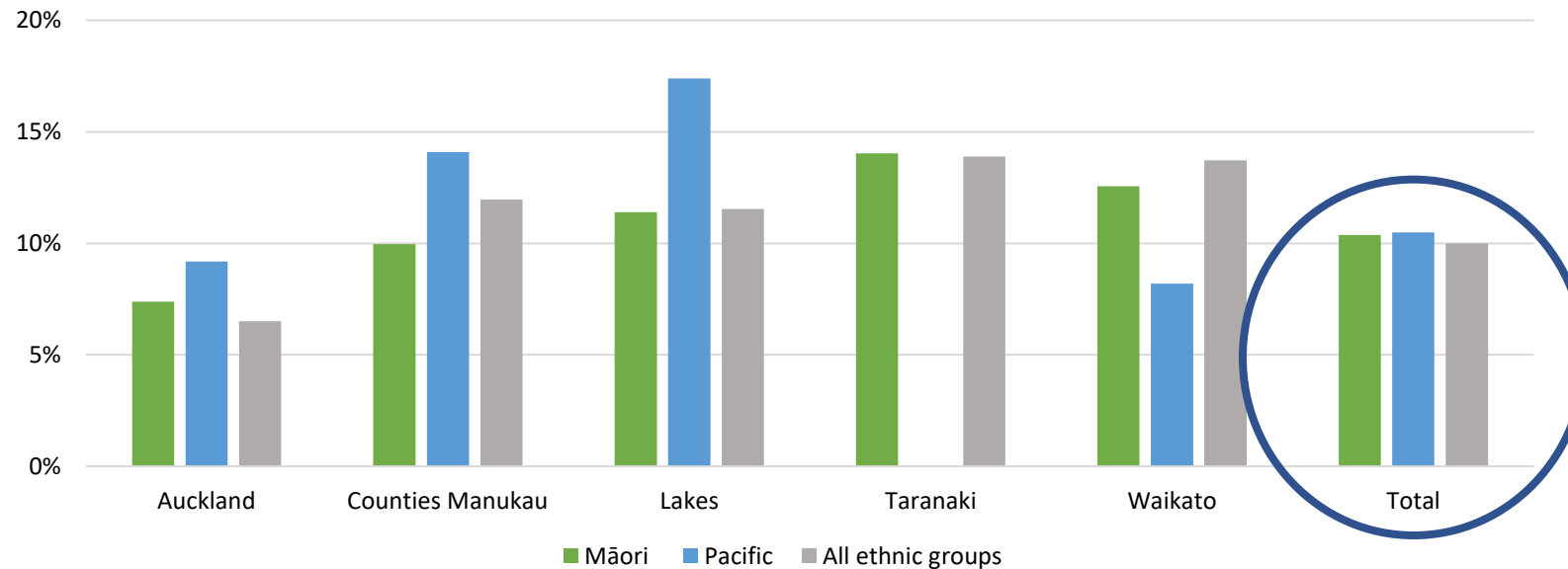
Rate of participation

Within the MH&A teams with an IPS employment specialist assigned, in the 3 years to June 2018:

DHB	A: Number of unique people who received IPS employment support and mental health or addiction services from a team with IPS	B: Number of unique people who received face-to-face mental health or addiction services from a team with IPS	Programme reach within teams with IPS: A/B x100
Auckland	564	8,673	6.5%
Counties Manukau	423	3,537	12.0%
Lakes	180	1,560	11.5%
Taranaki	261	1,878	13.9%
Waikato	501	3,651	13.7%
Total	1,929	19,299	10.0%

Rate of participation

Within the MH&A teams with an IPS employment specialist assigned, in the 3 years to June 2018, by ethnic group

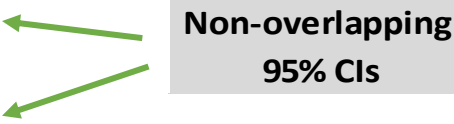


Note:

Data for Pacific in Taranaki are suppressed because there was only one referring team in the cell. Release of these data would contravene Stats NZ confidentiality rules.

Profile of participants

As at their first MH&A service face-to-face activity in the 3 years to June 2018

	Received IPS	No IPS	
Female	45%	52%	 Non-overlapping 95% CIs
Aged under 25	25%	23%	
Aged 55+	9%	13%	
Māori	27%	26%	
Pacific	10%	10%	

Profile of participants

As at their first MH&A service face-to-face activity in the 3 years to June 2018

	Received IPS	No IPS
Female	45%	52%
Aged under 25	25%	23%
Aged 55+	9%	13%
Māori	27%	26%
Pacific	10%	10%
In receipt of benefit	62%	45%
More than 18 months on benefit in last 2 years	39%	33%
0 months employed in the last 2 years	39%	42%
Corrections sentence in last 5 years	14%	13%

Non-overlapping
95% CIs

At the date they started IPS:

71% were in receipt of benefit

Most commonly:

Jobseeker Support-HCD (35%)

Supported Living Payment (26%)

82% were not in employment

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0 months employed in the last 2 years	39%	42%	
Corrections sentence in last 5 years	14%	13%	
Diagnosis recorded	76%	64%	
Psychosis (of those with diagnosis recorded):	31%	22%	
More than 18 months receiving MH&A services in last 2 years	30%	18%	
More than 1 month of inpatient bednights in last 2 years	14%	6%	
Total unique people (n)	1,926	17,370	

Profile of participants

As at their first MH&A service face-to-face activity in the 3 years to June 2018

	Māori	Pacific	non-Māori , non-Pacific
Female	43%	37%	47%
Aged under 25	27%	24%	23%
Aged 55+	4%	5%	10%
Māori	100%	30%	
Pacific	12%	100%	

**Non-overlapping
95% CIs vs non-
Māori, non-Pacific**

Profile of participants

As at their first MH&A service face-to-face activity in the 3 years to June 2018

	Māori	Pacific	non-Māori , non-Pacific
Female	43%	37%	47%
Aged under 25	27%	24%	23%
Aged 55+	4%	5%	10%
Māori	100%	30%	
Pacific	12%	100%	
In receipt of benefit	72%	70%	56%
More than 18 months on benefit in last 2 years	50%	49%	34%
0 months employed in the last 2 years	47%	49%	35%
Corrections sentence in last 5 years	23%	21%	9%

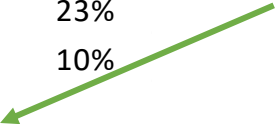
**Non-overlapping
95% CIs vs non-
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Profile of participants

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Māori	100%	30%	
Pacific	12%	100%	
In receipt of benefit	72%	70%	56%
More than 18 months on benefit in last 2 years	50%	49%	34%
0 months employed in the last 2 years	47%	49%	35%
Corrections sentence in last 5 years	23%	21%	9%
Diagnosis recorded	83%	85%	72%
Psychosis (of those with diagnosis recorded):	46%	30%	25%
More than 18 months receiving MH&A services in last 2 years	41%	45%	25%
More than 1 month of inpatient bednights in last 2 years	20%	18%	11%
Total unique people (n)	516	198	1,212

Non-overlapping
95% CIs vs non-
Māori, non-Pacific



Employment outcomes

% employed within 12 months of starting IPS

50% (95% CI 48%–52%)*

An international benchmark is **43%** (95% CI 37%–50%)**

* For those who started IPS in the 3 years to June 2018. Proportion with at least one month in which they received wages or salaries in Inland Revenue data, or had some income from self-employment.

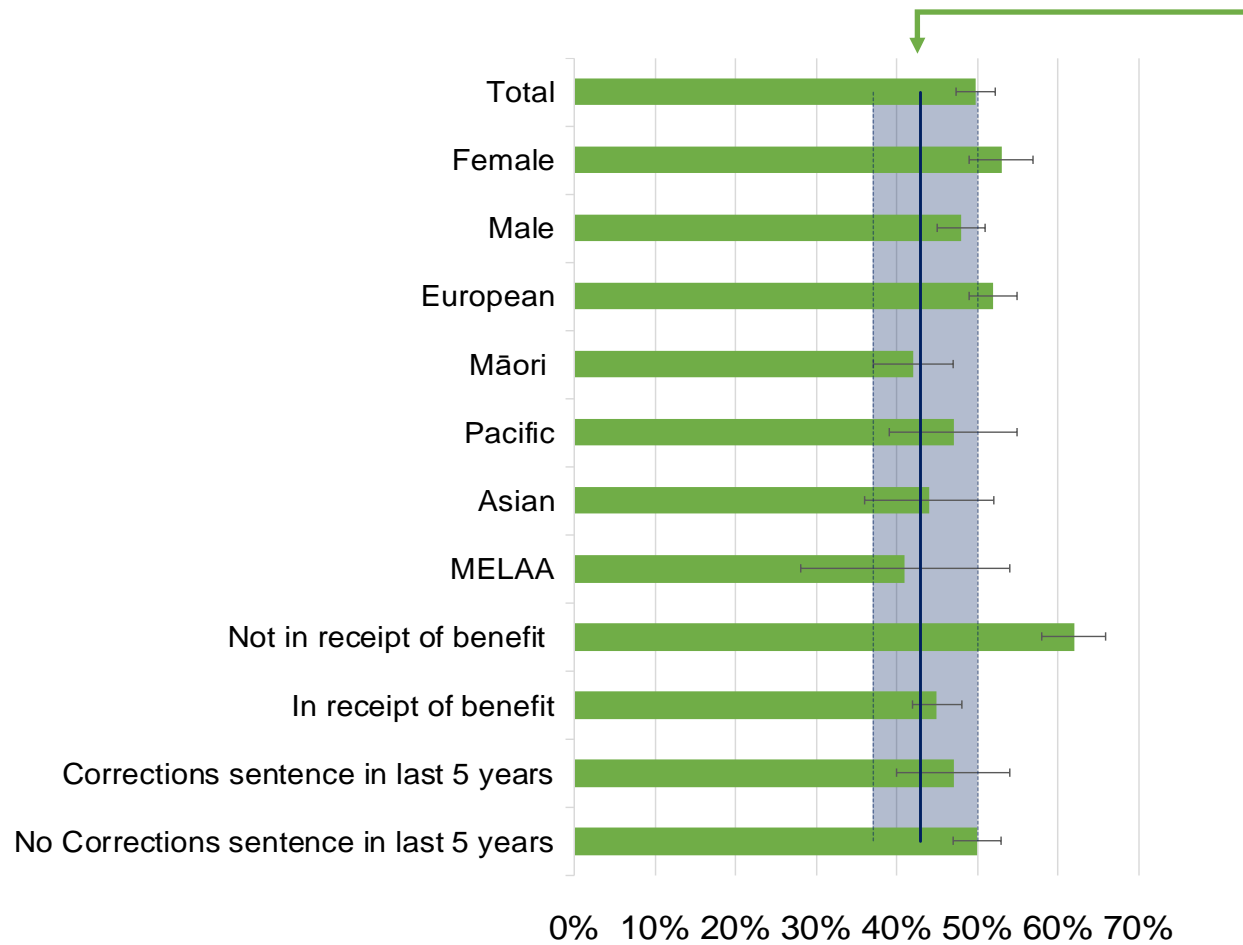
** This is the pooled competitive employment rate from a meta-analysis of 30 routine IPS programmes (ie. implemented without an RCT). The follow-up was two or more years in 12/30 studies. As a result 43% should be viewed as an **ambitious standard** for what can be achieved in 12 months.

See Richter, D., & Hoffmann, H. (2018). Effectiveness of supported employment in non-trial routine implementation: systematic review and meta-analysis. *Social Psychiatry and Psychiatric Epidemiology*, 1–7. <https://doi.org/10.1007/s00127-018-1577-z>

Employment outcomes

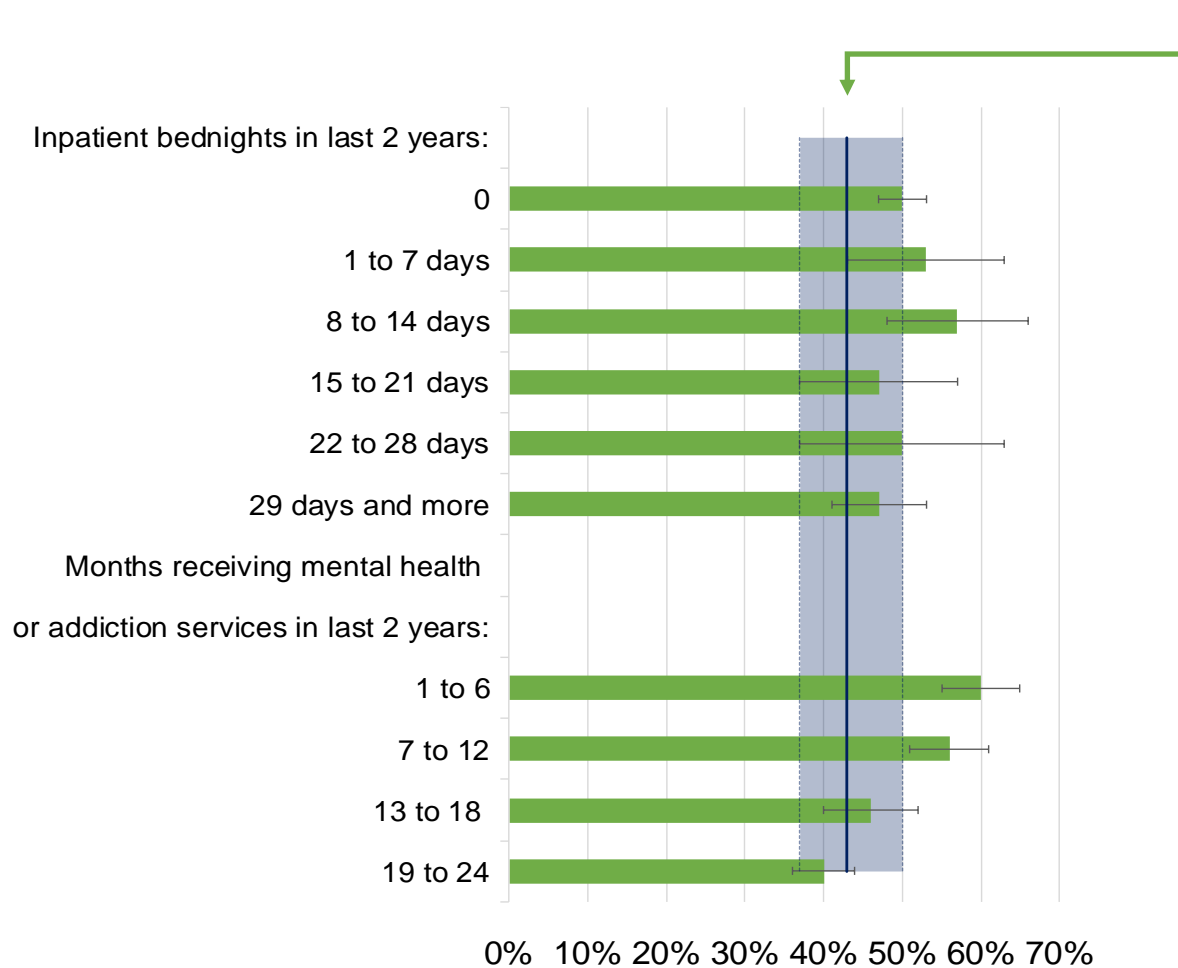
% employed within 12 months of starting IPS

Benchmark



Employment outcomes

% employed within 12 months of starting IPS



Benchmark

Regardless of the length of time spent in receipt of mental health services, employment outcomes either exceeded or were within the 95% CI for the benchmark

Summary based on 5 case study DHBs

In specialist teams where IPS services involving team assignment were available, 1/10 MH&A service users accessed IPS over the three years to June 2018

Participation rates for Māori and Pacific MH&A service users were not consistently higher or lower than average across DHBs, and were equivalent overall

Those who received IPS had high levels of labour market disadvantage, showing that IPS reached the people it was intended to support

Employment outcomes varied across ethnic groups in a manner that is consistent with differences in labour market disadvantage and risk of labour market discrimination

Despite this, for all ethnic groups employment rates were in line with or exceeded an (ambitious) international benchmark

Current national reach

Low and uneven access

In 2019, only around 3.7 full-time equivalent IPS employment specialists per 10,000 people (all ages) seen by DHB specialist teams nationally

No ongoing services (as at 2019) in close to half of DHBs

Variation in access within DHBs that have programmes due to incomplete coverage of specialist teams / low FTE relative to caseload

	A	B	C	D	E
DHB	Unique people seen by mental health or addiction services in the DHB ⁽¹⁾	FTE IPS employment specialists in 2016	FTE IPS employment specialists in 2019 (includes Waitamatā trial)	FTEs in 2016 per 10,000 people seen in 2015/16: B/A x10,000	FTEs in 2019 per 10,000 people seen in 2015/16: C/A x10,000
Northland	6,510		2		3.1
Waitematā	28,822		8		2.8
Auckland	13,166	5	5	3.8	3.8
Counties Manukau	13,460	4	4	3.0	3.0
Waikato	11,113	10.5	10.5	9.4	9.4
Lakes	4,062	5	5	12.3	12.3
Bay of Plenty	8,247				
Tairāwhiti	1,990				
Taranaki	4,282	5.2	5.2	6.3	6.3
Hawkes Bay	5,362				
MidCentral	4,930				
Whanganui	3,026	1	1	3.3	3.3
Capital and Coast	11,859	6	8	5.1	6.7
Hutt Valley	4,619		1		2.2
Wairarapa	1,049	1		9.5	
Nelson Marlborough	5,429		2		3.7
West Coast	1,539				
Canterbury	14,089	1	1	0.7	0.7
South Canterbury	2,230				
Southern	9,620				
Unique Total	142,039	38.7	52.7	2.7	3.7

Sources:

A: Ministry of Health (2018) Mental Health and Addiction: Service Use 2015/16, Table 12: Clients seen by DHB of service vs DHB of domicile, 2015/16; B and C: Work Counts; IPS National Steering Group *Honouring Aspirations. An implementation plan*.

Note:

(1) Based on DHB of service. Includes all age groups. The source table does not include NGO data. Clients may have been seen by more than one DHB.

Conclusions

Together with the strong international evidence base for effectiveness, these findings lend support to efforts to expand access to IPS in Aotearoa NZ

They suggest IPS will form a useful part of a strategy of early intervention to mitigate against inequitable employment outcomes through the disruptions caused by the COVID-19 pandemic

As the service expands, attention to (and research focussed on) ensuring cultural responsiveness and equality of access by gender will be beneficial

As will research exploring Māori-led approaches to address economic and health inequities

Next Steps

Impact study estimating the scale of the difference IPS makes to employment and other outcomes:

- required as part of the evaluation of the MSD-funded trials in
- an important focus will be on impacts for Māori – this will help build the international evidence base on effectiveness in improving employment outcomes for indigenous people, which is currently very limited
- planning for this study is getting underway later in 2021