
CONFERENCE ABSTRACT

Integrated care for mental health social inclusion through job placement: Implementing IPS in Spain

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Introduction: Individual Placement and Support (IPS) is an integrated social, labor and mental health intervention with an important component of evidence for its effectiveness in helping people with severe mental disorders. Its objective is to obtain and maintain competitive jobs, increase social inclusion and quality of life, and while consuming fewer resources. In Europe, IPS model (which began 14 year ago) is currently implemented in four countries which share background with Dartmouth College. This work aims to describe achievements and challenges of IPS implementation in Catalonia, Spain.

Back in 2013, the project started with an agreement among three Regional Government Departments (Ministry of Health, Ministry of Business and Labor, and Ministry of Social Wellbeing and Family), "la Caixa" Banking Foundation, Government of Province of Barcelona, and the Dartmouth Psychiatric Research Center. The goal of the project is to improve labor and social inclusion of people with mental disorders, with a pilot project of the integrated plan of care for people with mental illness and addictions (2014-2016), as one of the strategies to promote ordinary labor inclusion for people with severe mental disorders.

Practice change implemented: The project aims to integrate efforts and workflow from three areas (health care, social services and labor) both at community and policy levels to develop supported employment. It is based on IPS principles, such as: zero exclusion criteria; personalized benefits counseling; competitive jobs; IPS and mental health services integration; rapid job search; IPS professionals building relationships with employers; continuous supports and follow-up's; and respect clients' preferences. The innovative challenge involves implementing a new community perspective to support people with severe mental disorders finding a job and keeping it.

Changes implemented are based on a specific patient management system including integration of Employment Programs with mental health treatment teams, interventions at community level and in the workplace including local employers. They are measured through a "fidelity scale" validated by Dartmouth College. Facing stigma and social barriers for inclusion are also included.

Actions taken include: 1) professional training, as specific competencies are needed to be developed in different professionals' roles to work in multidisciplinary teams; 2) improving workflow integration between mental Health and Employment Services including periodic meetings, patient plans and training on benefits planning and coordination among main administrators; 3) on-site support and monitoring achievements through an ICT platform that allows on-time review of results; 4) quarterly follow-up meetings among regional leaders, Mental Health teams and Employment Services to identify opportunities for improvement and support and encourage local development.

In addition, an individualized action plan is developed to improve practices in each Employment Service.

Key findings: Since October 2013, 7 sites have adapted their own programs to implement IPS methodology in Catalonia. Up to June 2015, an average of 350 people with severe mental illness has participated in these programs quarterly. Although severe economic crisis, percentage of working people have increased 17.7% from the beginning of the program. The number of jobs found by people during this period is 344.

Although first fidelity reviews (which measure adherence of work process proposed by IPS methodology) were poor, now they have increased 18.8% as average.

Highlights: Main barriers found in implementation process are related to economic crisis background and stigma for people with mental illness; adoption of innovation, current funding for programs development, different reported indicators for different funding sources, and the need of further integration among Employment Services and Mental Health Agencies, including the lack of shared electronic records with confidentiality implications

Facilitators involve strong government support for the pilot project, periodic follow up and facilitator support approach, friendly professionals' network created, as well as their commitment to increase patients' quality of life.

Improving communication among services is a key practice to increase access to multidisciplinary resources, with a strong senior leadership that supports the integration of different services in a variety of levels.

Conclusions: A strong local leadership and commitment is fostering the project with a territorial approach, and raising IPS as an important intervention to obtain and maintain competitive employment and recovery for people with a mental health condition. To achieve this goal, payment systems will probably need to be aligned.

The possibility of a European Collaborative Network to share these practices and knowledge may improve sustainability and implementation in a European context, and allow testing its effectiveness in other patients groups.