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The JSPN Award for Special Contributions to Psychiatric Research Lecture

Effects of Individual Placement and Support for Employment

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Abstract

For patients who have experienced mental illness, employment provides a wide range of benefits such as recovery of self-confidence and avoidance of overdependence on social security systems. It also promotes personal recovery. In recent years, the goal of employment for persons with mental illness has not been limited to welfare employment but is expanding to employment at companies in the community. Current employment support is mainly designed based on the train-place model; however, its effectiveness has not been verified. In 2016, we introduced Individual Placement and Support (IPS), which was developed in the United States and has been verified to gain more than double the competitive employment rate compared to conventional support. IPS explores jobs in the community that match the preferences and strengths of the individual. IPS supports direct employment without training and continues to support clients and employers after the commencement of employment; therefore, it is a highly individualized outreach support. By the end of 2021, a total of 148 people had accessed our IPS program, of whom 60-70% achieved competitive employment. During the same period, a total of 322 companies in the Hamada City area of Shimane Prefecture were investigated by our employment specialists. IPS aims to achieve a high competitive employment rate and change the awareness of patients, practitioners, and employers;

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therefore, contributing to reducing stigma. In the future, IPS-type employment support in Japan could be used to improve social inclusion.

Keywords: Individual Placement and Support, personal recovery, job, employment, person with mental illness

Introduction

There is no doubt that employment support is an extremely important intervention for individuals who have experienced mental illness, not only for recovery from the illness but also to promote social reintegration. The effectiveness of employment support is multifaceted, encompassing the rebuilding of self-confidence, improved economic capacity, acquisition of social roles, enhanced health, and avoidance of excessive dependence on security and protection. Employment is a crucial facilitating factor, particularly in the context of personal recovery, which has emerged as a new goal in mental health care in recent years. Employment provides individuals with opportunities for personal growth by directly engaging with society, experiencing both successes and failures, and participating in relationships where they both help others and receive help themselves.[1)] While efforts to establish a "Community-based Integrated Care System that also addresses mental illness" have been advancing in recent years, employment support should be positioned as a key component within the system when designing mental health policies. Currently, institutional reforms are advancing, including raising the statutory employment rate for persons with disabilities and introducing various preferential systems. Consequently, the employment goals for persons with mental illness are expanding beyond welfare employment to include employment in general companies, known as competitive employment. Here, we introduce the background and practical content of an individualized employment support approach, Individual Placement and Support (IPS)[3)], which we have been implementing in recent years, aimed at achieving competitive employment for persons with mental illness.

I. Seiwakai's Employment Support Initiatives

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Seiwakai Social Medical Corporation is the only mental health institution in the Iwami region of Western Shimane Prefecture, serving the cities of Hamada and Gotsu, as well as areas in the Chugoku Mountains, with the capability of administering inpatient care. It provides mental health services across a wide area, including depopulated regions, and consequently addresses all types of mental illness, from acute to chronic phases. It is also involved in a wide range of fields, including social reintegration support encompassing welfare services and community-based mental health care. Particularly in community support, it has sought an organizational structure capable of providing comprehensive support across the three pillars for people with mental illness: "living," "managing daily life," and "working" (Figure 1). A key concept emphasized in community support is that "protective" and "challenging" support should be balanced. For example, regarding "living" support, alongside welfare services like group homes that provide strong "protective" support, the center introduced a residential support corporation system. This system assists individuals in "challenging" community living by helping them find housing locally, handling applications, and providing post-move-in assistance. Furthermore, aiming to deepen collaboration with real estate agents and landlords, we established a Housing Support Center in partnership with Hamada City. Similarly, for "working" support, we recognized the need not only for welfare employment services with strong "protective" elements, like continuous employment support programs, but also for support facilitating the "challenge" of competitive employment. Consequently, we introduced IPS, although it has yet to be institutionalized.

Around 1991, when the author began working as a psychiatrist, Seiwakai Nishikawa Hospital was actively engaged in so-called off-site work. Centered on the local fishing industry, inpatients participated during the day in tasks like sorting fish and making wooden crates for them, returning to the hospital in the afternoon. This naturally created a night hospital function. For many patients, these off-site work activities were based on the premise of continued hospitalization, often without immediate plans for social reintegration. However, they also provided a valuable daily opportunity for both patients and therapists to share the experience that, with adjustments to content and hours, many patients could work. This not only

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provided the joy of earning wages but also contributed to rebuilding their confidence.

Following implementation of the Comprehensive Support Act for Persons with Disabilities, Seiwakai focused on social reintegration initiatives, balancing medical care and welfare. It established the Shio-kaze Types A and B Continuous Employment Support Facilities, followed by the Hama-kaze Types A and B Continuous Employment Support Facilities (Figure 1). Shio-kaze facilitated cleaning and bento meal delivery duties, while Hama-kaze offered car maintenance, recycling waste collection, and kitchen duties. Although this created complex operational challenges, the deliberate choice to offer multiple diverse tasks of varying difficulty levels stemmed from the original vision: to enable step-by-step advancement tailored to each user's abilities and condition. Additionally, tasks were selected that could lead to obtaining qualifications, and support to gain these qualifications was provided, with consideration given to their potential future application in general companies. Conversely, while continuing the employment support services, the reality that the flow of people and progression did not occur as anticipated by the support staff gradually became apparent. Once users became accustomed to their assigned tasks, they often resisted change. Even when receiving high evaluations from others, their self-assessment remained low; they frequently declined advancement opportunities, stating they "lacked confidence." As shown in Figure 2, 74% of users in the continuous employment support program had been enrolled for over a year, and 40% were long-term users for three years or more. While acknowledging the many benefits and effectiveness of this program, the author strongly felt the need to introduce new "challenging" support, particularly to promote social inclusion.

II. Encountering a Game Changer

Around that time, I became involved in the treatment of a teenager with multiple disabilities, including Attention Deficit Hyperactivity Disorder (ADHD) and mild intellectual disability. Having been raised in institutions since age 3, he already had tattoos and habits of smoking and theft by his early teens. He had also been involuntarily committed to psychiatric hospitals three times due to violence and psychomotor agitation. Building rapport proved extremely difficult, but his physical abilities and talent for sports allowed him to gradually open up

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through playing baseball and judo with staff. Subsequently, following standard procedures, welfare benefits, group housing, and Type B employment support were introduced. However, he was banned from the Type B facility shortly after due to misconduct. The therapist felt at a loss, yet the boy persistently expressed his desire to "work" and "do physical labor." For a time, he helped staff cultivate a field beside the hospital, but showed no interest whatsoever in the subsequent vegetable farming. The therapist felt lost again, but his desire to work remained undiminished. Through staff connections, an employer was introduced. The employer, a master carpenter, initially agreed to hire him. However, facing strong opposition from the workplace and family, the employment offer fell through. When told the outcome, he shouted in the examination room: "No one will hire someone who was in a mental hospital!" "I can push myself if I have a goal. But telling me to do something when I can't see anything ahead is impossible." His words starkly revealed how utterly we, his therapists, had failed to grasp the sheer height of the hurdles he was trying to leap over, prompting deep reflection. We therefore made a major shift in our support approach, initiating activities to develop local workplaces ourselves and connect him to job interviews. During this process, we found a job opening for fish sorting at Hamada Port. When we accompanied him to the interview, he was hired on the spot. Furthermore, when we went to greet the site supervisor afterward, we unexpectedly received an offer: "You'd probably be better suited for fishing than sorting." This led us to meet with the president of a shipping company that same day, resulting in his employment. The job he took was grueling: ten consecutive nights of bottom trawling during winter, followed by a day and a half ashore before returning to sea. Yet he worked without a single day off. During a medical consultation, he stated, "I don't want to become an adult who can't take care of their children because they have no money, like my parents," explaining his motivation for working (oral and written consent for case presentation obtained from the individual).

While supporting this youth, I happened to come across a paper on a randomized controlled trial verifying the long-term effects of IPS over five years.[5] I was astonished to find that the content of this employment support, which demonstrated more than double the competitive employment rate

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compared with conventional employment support, closely resembled the support we had been providing, driven by his passion. This ultimately led to our decision to introduce IPS. IPS support can be clearly organized into "Eight Principles": (i) No exclusion criteria for support, (ii) Immediate job search commencement without training if desired, (iii) Prioritizing individual strengths and preferences to develop matching local workplaces, (iv) Collaboration with medical staff, (v) Aiming for employment in general companies, (vi) Providing support without time limits, continuing even after employment, (vii) Providing support for employers as well, (viii) Calculating the impact of employment on benefits and total income in advance, and sharing this with the clients, among others.[3] Consequently, the support provided to the aforementioned youth included most of these 8 principles.

III. Evidence-based Employment Support

It is common in many psychiatric rehabilitation programs for practices to be based on empirical rules rather than scientifically verified effectiveness or intervention validity. While it is true that objective evaluation is difficult in mental health care and verifying intervention effectiveness is often challenging, it remains crucial to persist in verification efforts. One major appeal of IPS is that its scientific effectiveness has been verified through high-level clinical research, and that research aimed at continuous quality improvement is still being conducted today. IPS effectiveness has been verified through over 20 randomized controlled trials. On average, traditional employment support achieves a competitive employment rate of approximately 20%, while IPS achieves about 55%, demonstrating a competitive employment rate roughly 2.5 times higher with IPS.[2] The conventional employment support referred to here is based on the train-place model: participants attend group sessions under supervision, first undergo stepwise training (train) in a workshop setting, and only after achieving certain milestones do they begin considering competitive employment (place).[1] In contrast, IPS does not require mandatory training or pre-employment assessment. It immediately initiates job search activities and positions ongoing workplace support after securing employment as the training phase, based on the place-train model. Thus, these research findings demonstrate

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that even without setting exclusion criteria for support or mandating pre-employment training, over half of individuals with mental illness can work in local companies. This is achievable by securing employment in workplaces matching their strengths and preferences, followed by providing ongoing support. Similar randomized controlled trials have been conducted in Japan, demonstrating equivalent effectiveness.[4] While cultural differences exist between Europe/America and Japan, this suggests no significant disparity in the effectiveness of IPS.

IPS also specifies detailed support content, such as the maximum number of clients a single support worker can handle, based on clinical research findings.[3] Furthermore, incorporating implementation science methodologies, a fidelity assessment scale was developed to enhance the reproducibility of IPS practice. Twenty-five components essential for reproducing the original IPS were identified, with a system allowing each component's adherence to be rated on a 5-point scale. Thus, the total score is out of 125 points. It has been reported that employment support teams faithfully reproducing the IPS model achieve higher rates of general employment.[8]

IV. Introduction and Practice of IPS

Shortly after the IPS concept was introduced in Japan, several institutions, including those led by Nakatani and Nakahara, began implementing IPS.[6] In practicing IPS, we initiated visits to the Dartmouth Psychiatric Research Center in the United States, where IPS was developed, and to community mental health centers in the state of Vermont, one of the earliest adopters of IPS. We began these visits in 2016. Following the first visit, we established the Seiwakai IPS Team (S-IPS: Ship Team) office within the psychiatric day care unit at Seiwakai Nishikawa Hospital.3) The initial team consisted of the author and two IPS employment support specialists (occupational therapist and mental health and welfare specialist), totaling three members. When selecting employment support specialists, we prioritized staff interested in social reintegration support over specific professional backgrounds. These specialists adhere to the eight principles, carefully listening to clients' strengths and preferences. They develop suitable local workplaces, provide comprehensive support from resume preparation and interview coaching to post-employment follow-up, and

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promote employer consultation. As this is outreach-based individual support, 70% of working hours are dedicated to workplace development and interviews in the community. The fundamental approach is for the same support worker to provide continuous support from job search through to employment retention. The breakdown of our IPS team's clients and results are summarized in the figures (Figures 3 and 4). The most common diagnosis among users is schizophrenia. Since IPS does not establish exclusion criteria, support is not denied due to obvious symptoms or hospitalization. Among affective disorders, bipolar disorder is the most prevalent.

V. Effectiveness of IPS

The primary effectiveness of IPS, as already demonstrated in prior research, is that 50–70% of clients achieve competitive employment without setting exclusion criteria for support (Figure 4). Other effects, while less visible, are considered highly valuable outcomes experienced through IPS practice. First, by working at local companies, clients accumulate numerous experiences that contribute to rebuilding their confidence. These experiences, while seemingly minor individually, such as being able to tell others the name of their workplace, are significant. Furthermore, while only about 50% of clients disclosed their diagnosis or psychiatric treatment history at work when IPS was first introduced (disclosure is entirely voluntary), this rate has gradually increased as more experience regular employment, now reaching approximately 70%. This allows supervisors and colleagues to witness their positive work attitude and performance firsthand, helping to change perceptions about mental illness. Even when IPS users encounter workplace issues, timely intervention by employment support specialists or physicians can prevent unnecessary misunderstandings and prejudice, sometimes serving as an opportunity for employers to gain a more accurate understanding of mental illness. The accumulation of these individual instances contributes to the social inclusion of persons with mental illness. Therefore, one significant effect of IPS is the reduction of stigma.

When we sought to launch IPS in a depopulating city of just over 50,000 people in the San'in region, a common concern was: “Will any companies actually hire them?” However, through daily workplace development efforts by employment support specialists and

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ongoing employer support, we have successfully engaged over 320 companies to date. During employer interviews, we inquire about the type of personnel they seek and workplace environment they desire, while also confirming their attitudes toward hiring individuals with mental illness. Approximately half of the employers responded that this experience does not factor into their hiring decisions. Through this experience, we gained the conviction that "in any community where people live, there are countless places for them to work," enabling us to expand our support services.

Traditional training-based employment support inevitably adopts a managed, uniform model. This involves setting up a workshop where participants attend collectively, emphasizing adherence to rules and avoiding causing trouble for others. Overemphasizing this aspect can make participants feel constrained, often leaving support staff struggling to address participant diversity. IPS, however, transforms each existing local business into a potential workplace. This expands options for support providers, fosters flexible thinking, and enables more creative support approaches.

Finally, a key IPS effect is transforming the mindset of therapists and support providers. Witnessing individuals who have gained or resumed working lives, and hearing about their experiences, significantly reduces the unrecognized provider stigma that exists within us. Through IPS interactions with local employers, mental health practitioners and support staff often realize that their own experiences with numerous setbacks lead them to underestimate the potential of individuals with mental illness more than the general public does. Hearing personal accounts can lead to surprising shifts in perspective. For example, a nurse who cared for someone during hospitalization might learn that the person is now in regular employment, leading to astonishment and a change in their perception. To further reinforce this shift in awareness, we invite individuals who secured competitive employment through IPS to serve as speakers. Twice a year, we hold a "Personal Experience Lecture Series," entitled: "Working Made My Life More Enjoyable!" The target audience is all staff members, although workplace colleagues and family members of the individuals may also attend. Each time, staff share diverse reflections: "The raw voices of individuals with lived

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experience are powerful. I feel I understood recovery a little more"; "We only see a part of their journey on the ward, but today's talk made me realize our interactions contributed to the speaker's future and current life, which was encouraging"; and "Hearing their stories made me feel the happiness and joy of working and being able to work. I'll work harder myself!!"

Conclusion

I was honored to receive the Mental Health Care Encouragement Award and give a lecture at the 118th Annual Meeting of the Japanese Society of Psychiatry and Neurology. During the Q&A session after my presentation, I heard the term "normal bias" from one attendee. I felt this term very accurately captures the feelings experienced by practitioners and individuals newly introduced to IPS. Hearing phrases like "people with obvious schizophrenia symptoms working," "working without training," or "working in regular companies" naturally prompts a momentary "?" in one's mind. This is an intuitive reaction, judging something different as unconventional based on previously acquired common sense. Introducing IPS often leaves those accustomed to traditional support concepts with a lingering "?" in their minds. In that sense, within the theme of employment for people with mental illness, IPS offers an opportunity to ask, "What is normal?" When I visited the Dartmouth Institute for Psychiatry, I asked Dr. Becker, D.R., one of the creators of IPS: "What is most important point when implementing IPS?" He answered clearly: "Believing that anyone can work," and "Predicting is meaningless, so don't predict. Just try it first." The phrase "believing anyone can work" might sound overly forceful, but if asked: "Can we accurately predict who can work?", the answer is obviously "No." Factors determining employment success include not only a person's cognitive abilities and symptoms, but also how strongly they desire to work, whether they receive family support, and even the character of the colleagues and employer they encounter. Ultimately, the conclusion seems to be that "you won't know until you try." IPS thus appears to be a practice capable of prompting a shift in our mindset within Japan's mental health and welfare systems, which often tend to prioritize safety and security. In recent years, IPS has been successively institutionalized in Western countries, but Japan has yet to see concrete movement in this direction. However, there is a growing movement within Japan to accelerate

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learning about and promoting IPS.[7] If systems spread, people with mental illness will be supported and encouraged to pursue competitive employment as a natural goal simply because they desire it; thus, social inclusion will undoubtedly advance.

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図1　清和会の医療と福祉を連動させた地域支援体制

精神医療を提供する西川病院の近隣地域に相談支援，就労支援，居住支援，訪問支援を展開する部署が点在している．地域支援部門の総称「ヴィレッジせいわ」では，「住む」「生活を営む」「働く」を3本柱として，どの柱においても「護る」支援と「挑戦する」支援の両方が提供できるように組織されている．IPS：Individual Placement and Support，ACT：assertive community treatment.

Figure 1: Seiwakai's integrated medical and welfare community support system

In the vicinity of Nishikawa Hospital, which provides psychiatric care, various departments offering consultation support, employment support, housing support, and home visit support are scattered throughout the area. Under the umbrella term “Village Seiwa,” the regional support division has established an organizational

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structure based on three pillars: “Living,” “Managing Daily Life,” and “Working.” This structure enables the provision of both “protective” support and “challenging” support within each pillar. IPS: Individual Placement and Support, ACT: Assertive Community Treatment.

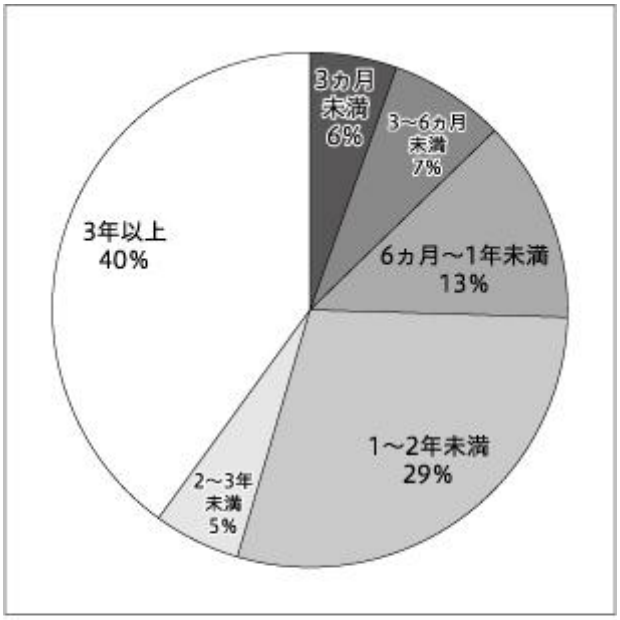

図 2　清和会の就労継続支援事業所利用者の利用期間

IPS 導入前の 2015 年度における，清和会の就労継続支援事業 A 型，B 型の利用者の利用年数を集計した．就労継続支援利用者のうち 74%は 1 年以上の利用，40%は 3 年以上の長期利用となっている．

Figure 2: Length of service use among Seiwakai's continuous employment support program users

For users of Seiwakai's Continuous Employment Support Programs Types A and B in fiscal year 2015 (prior to IPS implementation), data on the length of service use were compiled. Among continuous employment support users, 74% had been using the service for over one year, and 40% were long-term users for three years or more.

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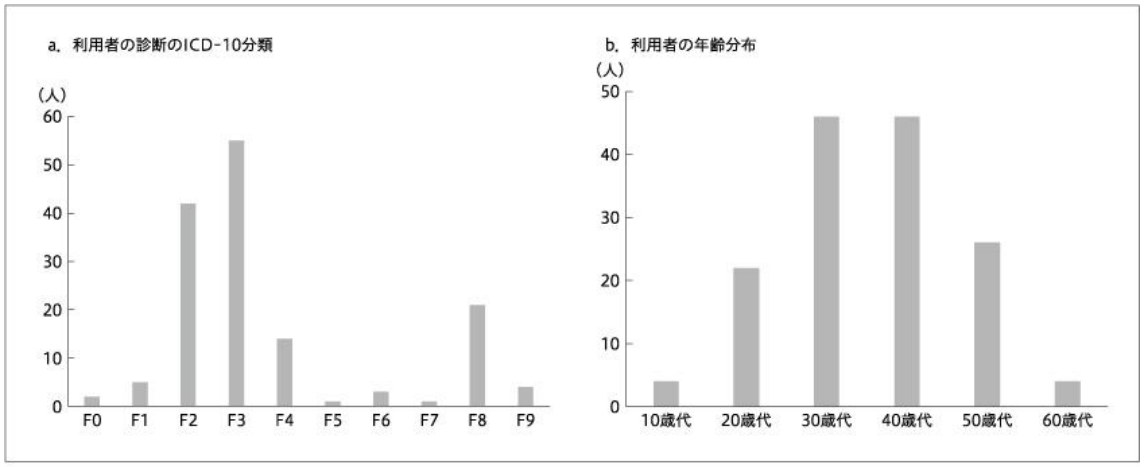

図 3　清和会の IPS 利用者の背景
2016 年 4 月から 2021 年 12 月末までの IPS 利用者計 148 名の集計を示した.

Figure 3: Background of Seiwakai's IPS users
This shows data for 148 IPS users from April 2016 to the end of December 2021.

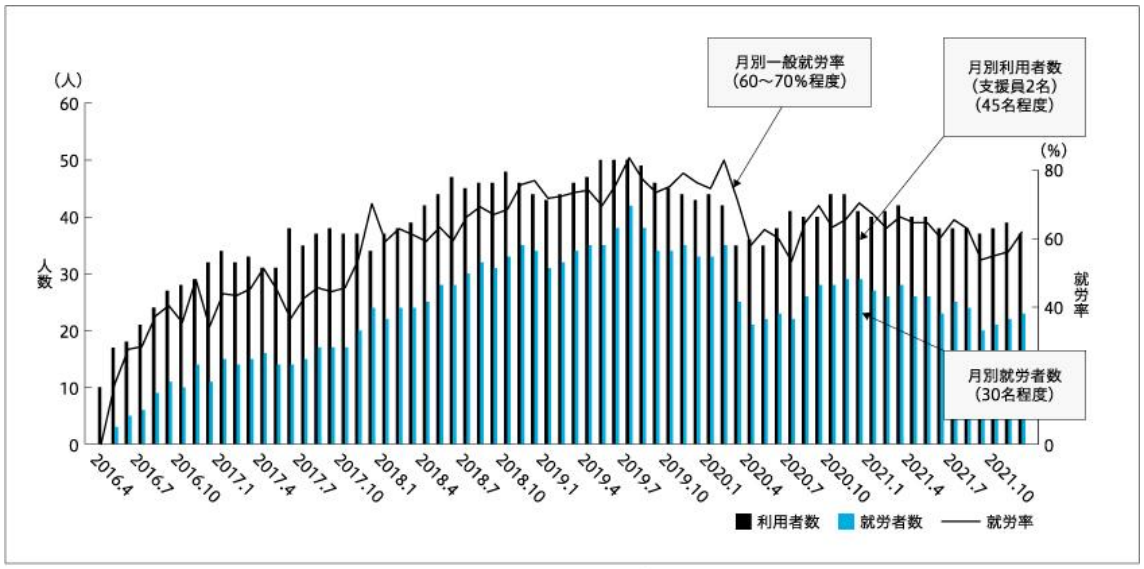

図 4　清和会の IPS 就労支援プログラムのアウトカム
2016 年 4 月から 2021 年 12 月末までの IPS 利用者計 148 名の集計を示した. 月別一般就労率＝100×月別一般就職者数÷月別利用者数. 平均就労期間：306 日（最長：1,749 日, 最短：0 日）

Figure 4: Outcomes of Seiwakai's IPS employment support program
This shows data for 148 IPS users from April 2016 to December 2021. The monthly competitive employment rate was calculated as 100 × monthly number of individuals in competitive employment ÷ monthly number of users. The average employment duration was 306 days, with the longest being 1,749 days and shortest being 0 days.

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