



In cooperation with Cochrane Insurance Medicine and Cochrane WORK

Interventions for obtaining and maintaining employment in adults with severe mental illness

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A practical question

What is the effectiveness of individual placement and support (supported employment) compared with other interventions taken to obtain and maintain a competitive job for an adult with a severe mental illness?

Case

A 28-year-old warehouse operator in the Netherlands lost his job after 6 months on sick leave due to a severe anxiety disorder. Financial problems and daily cannabis use accumulate over time, and the symptoms of mental stress increase. A few months later delusions occur, and a psychosis is diagnosed for which he receives inpatient treatment, including antipsychotic medication. After 6 months the patient is quite stable and wants to find a paid job. The vocational specialist of the mental health treatment facility team intends to start individual placement and support (IPS) and contacts the Dutch social security agency (SSA) for financial approval.* The SSA insurance physician wants to know if IPS is an effective intervention for finding and keeping a paid job for this young man with a severe mental illness. Searching the Cochrane library (<http://www.cochranelibrary.com>) using 'supported employment' as text words (in titles, abstracts or as keywords: see screenshot example in Fig. 1) he finds a recently published Cochrane review about vocational

rehabilitation interventions for people with severe mental illness.¹

Background

People with severe mental illness, such as schizophrenia or bipolar disorder show high rates of unemployment, working disability and sickness absence. However, these people still often have a desire to work. People with severe mental illness used to be placed in sheltered employment or they were enrolled in prevocational training, before searching for competitive work. Now there are also interventions focusing directly on finding a job quickly, with ongoing support to keep the job. This is known as supported employment. Supported employment interventions integrate employment services with mental health treatment. Recently, there has been a growing interest in combining supported employment with other prevocational or psychiatric interventions.

Summary of method and main results

The aim of this review was to assess the effectiveness of interventions that facilitate competitive employment in adults with severe mental illness.

The systematic review searched for cluster or non-cluster randomised controlled trials (RCTs) in November 2016. Trials with competitive employment outcomes were included. Study participants were unemployed and diagnosed with severe mental illness. Data about the number of participants who obtained a competitive job and the number of weeks they worked were used in this review. Through a network meta-analysis all interventions were compared and ranked based on their effectiveness in facilitating competitive employment.

The results were based on 48 RCTs involving 8743 participants. The majority of these RCTs involved participants with psychotic disorders. The mean age of participants was 36 years and 63% were male. The interventions were classified in main groups: prevocational training

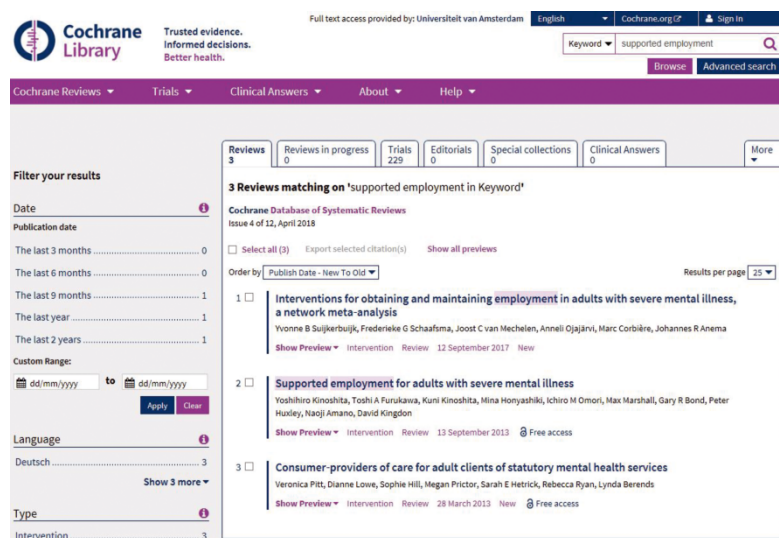
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Fig. 1 Screenshot of Cochrane Library, including search for 'supported employment'



programmes, transitional employment (sheltered or otherwise), supported employment, supported employment augmented with other specific interventions and psychiatric care alone. These interventions were further specified in subgroup categories. For the competitive employment outcomes a differentiation was made between long-term (>1 year) and short-term follow-up (≤1 year) results, and between intervention main groups and subgroups.

Finding a paid job

Supported employment and augmented supported employment were both more effective than the other interventions in obtaining employment in short-term and long-term follow-up. Participants receiving supported employment were almost three times more likely to obtain a competitive job (relative risk [RR] 2.72) compared with psychiatric care alone. Augmented supported employment was even more effective (RR 3.81).

Based on the ranking of all interventions augmented supported employment was most effective, although the difference between augmented supported employment and supported employment was very small. In achieving competitive employment, prevocational training and transitional employment were not considerably different from psychiatric care alone, but prevocational training was clearly better in the ranking of interventions. The combination of supported employment and symptom-related skills training such as cognitive training showed the best results in the intervention subgroup network meta-analysis. Participants were more than three times as likely to obtain competitive employment (RR 3.6).

Keeping a paid job

In long-term follow-up studies, participants receiving supported employment worked on average more weeks compared with participants receiving other interventions (12-17 weeks longer). Augmented supported employment again showed better results: 23 weeks longer compared with prevocational training and 10 weeks compared with supported employment.

Adverse events

Overall, the results did not show any differences between interventions regarding the risk of participants dropping out or hospital admissions.

Conclusion

In this review, supported employment and augmented supported employment are the most effective return-to-work interventions for people with severe mental illness. More studies on maintaining competitive employment are needed to get a better understanding of whether the costs and efforts are worthwhile in the long term for both the individual and society. Future research

Cochrane and EUMASS

- Several collaborators and researchers involved in Cochrane Insurance Medicine will be present at EUMASS conference with presentations. There will also be two Cochrane workshops:
 - Cochrane Insurance Medicine (CIM) and EUMASS. This workshop includes three presentations on Cochrane opportunities, knowledge translation, and how to stay up to date with the evidence, each followed by an interactive discussion session with the audience.
 - How to read a Cochrane Review. This workshop takes the participants through a Cochrane review, explains the methodology of a systematic review and how to read the findings. It guides the participant to the relevant parts of the review needed for decision making and demonstrates how to apply the results to a case in daily practice.

At EUMASS we will also be present with our Cochrane Insurance Medicine stand and we welcome you to connect with CIM. We invite all professionals involved in insurance medicine to be part of our network and to make a contribution to our Cochrane network (please see <http://insuredmed.cochrane.org/get-involved>).



should also evaluate the cost-effectiveness of augmented supported employment compared with supported employment only.

Implications for practice and research

These results are based on low to moderate quality evidence, meaning that future studies could change the results. As most studies were conducted in North America, and each country has its own social security and mental health care system this could influence the implementation, accessibility and effectiveness of the interventions. As most participants had worked in the past and were interested in returning to work the results can be different in individuals without a working history or who are hesitant about working.

Case

The Dutch SSA insurance physician approves the IPS intervention because of the evidence presented in the

Cochrane review. With help from the vocational specialist the young worker soon finds a job in manufacturing. The vocational specialist coaches him on the job and collaborates with the treatment team, the insurance physician and the occupational health care physician of the new employer.

* In the Netherlands, the SSA insurance physician is responsible for the occupational health care of unemployed people. The occupational health care physician is responsible for those who are employed.

Reference

1. Suijkerbuijk YB, Schaafsma FG, van Mechelen JC, et al. Interventions for obtaining and maintaining employment in adults with severe mental illness, a network meta-analysis. Cochrane Database of Systematic Reviews 2017, Issue 9. Art. No.: CD011867. DOI: 10.1002/14651858.CD011867.pub2.

Cochrane Insurance Medicine and Cochrane WORK

Cochrane Insurance Medicine (CIM) and Cochrane WORK would like to keep you up to date with developments within Cochrane and evidence-based medicine in the field of Insurance Medicine and Occupational Health. CIM and Work have been supporting each other for almost 3 years and conducted various collaborative projects, such as joint workshops at the last two Cochrane Colloquiums.

We recognise that even though you may have seen a Cochrane Review before, you may not know exactly what Cochrane is. Cochrane is an independent international not-for-profit organisation, dedicated to making up-to-date, accurate information about the effects of healthcare readily available worldwide. It produces and disseminates systematic reviews of healthcare interventions and promotes the search for evidence in the form of clinical trials and other studies of interventions.

Within the Cochrane Library you can search for systematic reviews and randomised controlled trials of intervention studies, and to a lesser degree also diagnostic studies. (<http://www.cochranelibrary.com>).

Within Cochrane Insurance Medicine and Cochrane WORK we aim to promote evidence-based best practices in Insurance Medicine and Occupational Health and to facilitate the production and dissemination of systematic reviews which support health and social care decisions on sick leave certification, disability evaluation, and return to work interventions.

Cochrane Insurance Medicine: <http://insuremed.cochrane.org/>

Cochrane Work: <http://work.cochrane.org/>