

# Experiences of participating in individual placement and support: a meta-ethnographic review and synthesis of qualitative studies

Ellen Å. Moen OTR, MSc (PhD Student)<sup>1</sup> , Liv T. Walseth Cand.med., PhD (Senior Consultant)<sup>1</sup> and Inger Beate Larsen PhD (Professor)<sup>2</sup>

<sup>1</sup>Department of Psychiatry, Sørlandet Hospital HF, Kristiansand, Norway and <sup>2</sup>Department of Psychosocial Health, University of Agder, Kristiansand, Norway

*Scand J Caring Sci; 2020*

## Experiences of participating in individual placement and support: a meta-ethnographic review and synthesis of qualitative studies

**Aim:** To provide increased understanding about how work applicants, employment specialists, social workers in the welfare service and clinicians in mental healthcare service experience participating in individual placement and support (IPS).

**Methods:** We searched in several databases and identified 17 studies published from 2007 to 2017 in Sweden, USA, Canada, UK, Australia and Denmark, and applied meta-ethnographic reinterpretation and synthesis.

**Results:** The employment specialists followed the core ideas of IPS, where work is seen as a way to recover. They saw the work applicants' preferences and needs as important for health and well-being, and crucial for successful work rehabilitation. In order to reach these goals, they offered a personal relationship to the work applicants. Work applicants clearly appreciated this personalised recovery-oriented mindset. Furthermore, work applicants needed the employment specialists as culture brokers between health-related questions and the expectations met in the labour market. Social workers lacked

resources to such personalised support, and they were under demand of welfare regulations made for a 'train then place' model, which conflicts with the view that work leads to recovery as IPS sees it in their 'place then train' model. The scarce knowledge of the clinicians' experiences in the present study suggests that they are sceptical to work as a way to recover, which is in conflict with IPS.

**Conclusions:** The work applicants highlighted the significance of the individualised support they received. Social workers and some clinicians found it difficult to provide this important personalised support towards work. Conflicting mindsets between the traditional gradual work rehabilitation paradigm and the IPS approach as a way of recovering might explain these frustrations and distance. Recommendations for practice. An improvement of IPS may depend on more cooperation based on an acceptance of the recovery-oriented mindset, which for some will mean an acceptance of new knowledge.

**Keywords:** employment, supported employment, individual placement and support, occupational rehabilitation, severe mental illness, mental health, work, literature review, qualitative studies.

*Submitted 5 December 2019, Accepted 10 March 2020*

## Introduction

Employment is a priority and an important part of recovery for many people with severe mental illness (SMI) (1). Individual placement and support (IPS) is an evidence-based vocational rehabilitation intervention supporting persons with SMI in achieving competitive employment (2). Numerous randomised control trials (RCTs) of IPS

worldwide demonstrate that it is an effective intervention (3,4). These RCT studies compare the effect of IPS, which emphasise 'place then train', to traditional work rehabilitation for people with SMI, which emphasise 'train then place'. They conclude that IPS is the most effective work rehabilitation method for gaining employment. Governments encourage expansion of IPS based on these quantitative results (5,6). Although IPS is the most effective method, only about 40 per cent of those gaining work stay in work over time (5), thus there is room for improvement within IPS. Studies also show the difficulties of sustaining IPS teams after the first project period, which for instance can be a part of a RCT implementation study (7).

### Correspondence to:

Ellen Å. Moen, Department of Psychiatry, Sørlandet Hospital HF, Post box 416, 4604 Kristiansand, Norway. E-mail: Ellen.anestad.moen@sshf.no

IPS follows a strict manual consisting of a 25-item fidelity scale, guiding implementation (8). This manual emphasises the importance of coupling vocational assistance with mental health treatment (9). Employment specialists collaborate with practitioners in the mental health treatment team as well as social workers in the local welfare and employment service (9). This last-mentioned service has a 'welfare-to-work orientation' and exists in many European countries, such as Denmark, Norway, the UK, Finland, Germany and the Netherlands (10). In a fully implemented IPS service, employment specialists and mental health clinicians work for the same agency and share office space. Employment specialists participate actively in weekly mental health treatment team meetings with shared decision-making and document the employment service in the client's mental health treatment record (11). Together with social workers in the welfare and employment service, they develop strategies to help the work applicants to find jobs, and they share responsibilities in supporting the person who is working.

IPS encompasses eight core principles: (i) all patients who want to work are eligible (zero exclusion), (ii) the focus is on competitive employment, (iii) job searching is carried out based on the work applicant's preferences, (iv) job searching begins when a patient expresses interest in working, (v) employment specialists are integrated into clinical mental health teams, (vi) personalised financial counselling is provided, (vii) there is systematic job development and (viii) continuous and time unlimited individualised support for both the work applicant and the employer is provided (2).

The majority of studies on IPS have been quantitative. There is however an increasing number of qualitative studies which have investigated experiences of participating in IPS. A reinterpretation of these studies is important in order to synthesise the existing knowledge and thus develop a deeper understanding of how the different participants experience participating in IPS. The research question in this present study concerns how the actors experience participating in IPS; work applicants, employment specialists, clinicians and social workers. Our aim was to enrich the qualitative understanding of IPS. Such knowledge will be of significance for IPS improvement, to help people with mental illness into meaningful and manageable employment and to assist them to stay employed.

## Method

To synthesise the existing qualitative studies, meta-ethnography developed by Noblit and Hare (12) was employed. This is a detailed and systematic strategy for translating the meaning of texts and interpreting findings across qualitative studies. Meta-ethnography divides the

review process into seven phases from defining an interest to expressing the results from a lines-of-argument synthesis (12-14).

### *Phase 1: Identifying the interest of the present study*

Our study aims to obtain knowledge from existing qualitative studies of IPS and to provide increased understanding about how the previously mentioned four groups of actors experience participating in IPS.

### *Phase 2: Selecting and describing relevant studies*

As a search term, we used 'Individual placement and support\*'. This is a broad term, but we decided to avoid exclusion criteria on this level to avoid omitting studies of potential value. We searched in the databases CINAHL, MEDLINE, PsycINFO, EMBASE, SocINDEX, Social work abstract, Scopus and Svemed+, up to June 2018. After we had removed duplicates, the search gave 478 articles. We replicated the search on 05.12.18 to include new studies from 2018. This new search added 49 new studies, which made 519 altogether.

The first and second authors performed a screening process of the 519 studies separately, and then compared. Firstly, we read titles and abstracts to identify qualitative studies on IPS with SMI, which constituted 40 studies. We mostly agreed and discussed initial disagreements before reaching consensus. The disagreements on this stage concerned whether the study concerned just IPS or also other vocational rehabilitation methods and whether it was qualitative. We excluded one of these studies because it was in Czech and therefore could not use the findings. Secondly, we separately read the full texts of the remaining 39 studies. Now, we solely selected studies that included findings about how work applicants, employment specialists, clinicians or social workers in vocational service experience participating in IPS. We agreed that seventeen studies met this criterion. Reading the references of the 17 studies did not suggest any new studies.

The 17 studies were thereafter assessed for methodological validity using the CASP, Critical Appraisal tool for qualitative studies (15). The following criteria were emphasised: aim of the study, description of the qualitative method and participants, as well as a sufficient result chapter. Studies which seemed a possible valuable contribution to the present synthesis were included (14). None of the 17 studies were eliminated after using CASP. For the screening process, see Fig. 1.

We read the 17 studies closely, and identified first authors, year of publishing, nationality, qualitative method and which of the IPS actors who were included. The selected articles included four types of qualitative studies: ten interview studies, five case studies, one

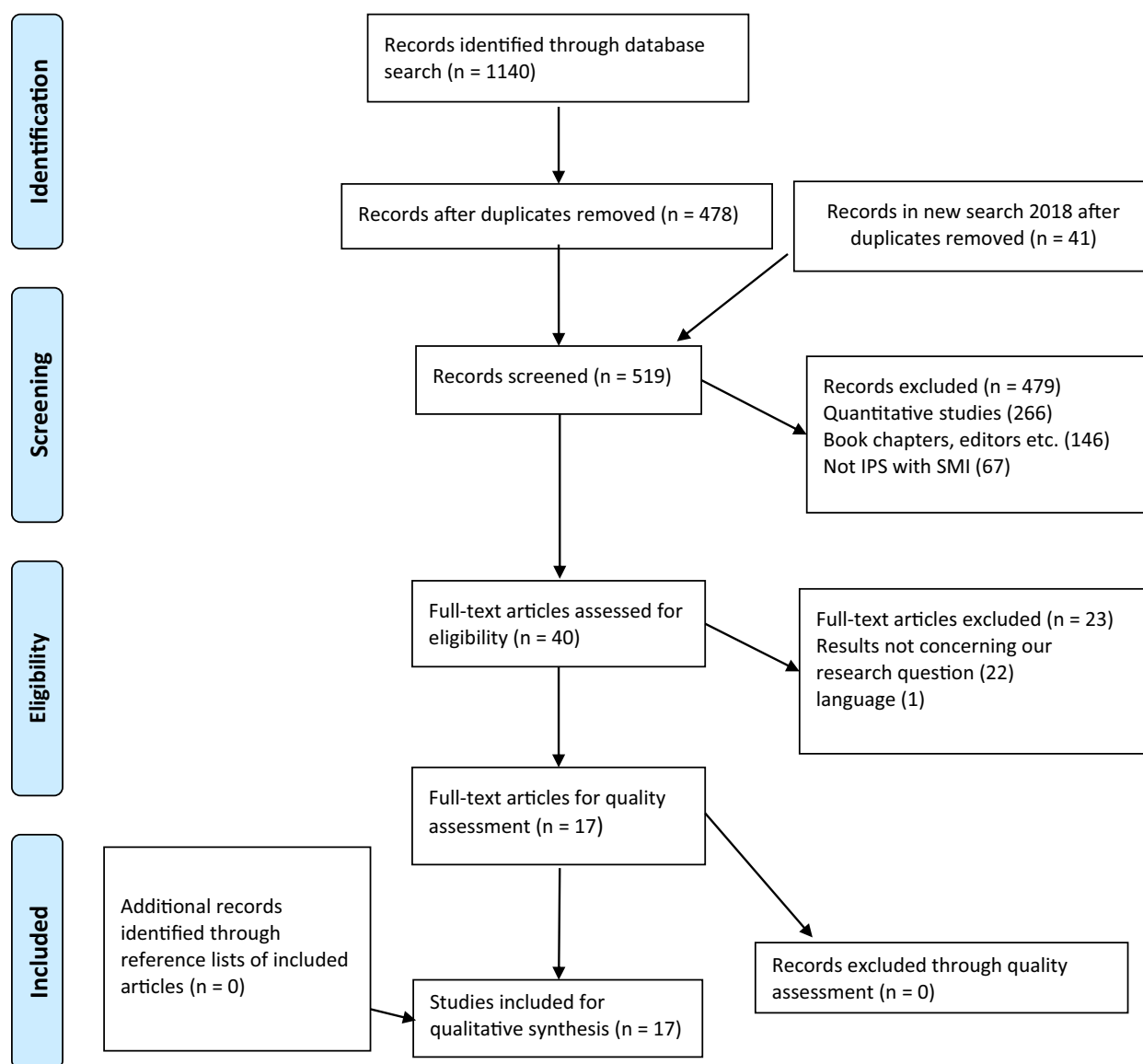


Figure 1 PRISMA flow diagram

open-ended survey which included open-ended questions and one ethnographical study. We noted IPS fidelity when the studies gave this information. IPS fidelity is a 25-item fidelity scale measuring implementation of IPS graded to: exemplary 115-125 points, good 100-114 points, fair 74-99 points and not IPS below 73 points. We paid extra attention to the aim of the studies and to whether the study derived from a randomised controlled study (RCT). Eight of the selected studies had participants from the intervention group in an RCT where IPS was in an early stage. These studies gave experiences related to initial implementation of IPS.

Four of our selected studies solely focused on challenges or barriers, among them the studies from the social workers in the welfare service.

We discuss the impact of these contexts of the selected studies on our results in the discussion chapter. Table 1 gives a further presentation of the included studies.

### Phase 3: Reading and organising the studies

We repeated the reading of the findings from the 17 included studies and identified sections that described experiences of participating in IPS. In our study, we differentiated between four types of participants. We selected one term for each function in the IPS cooperation: work applicants, employment specialists, social workers and clinicians. The term 'clinicians' included all those providing treatment of mental illness: psychiatrists, psychologists and case managers.

**Table 1** Study settings. WA = work applicants, ES = employment specialists, SW = social workers, C = clinicians

Author	Year	Country	Method	Sample	Part of RCT	Aim	Fidelity
Areberg, C., et al.	2013	Sweden	Semi-structured interview Content analysis	17 WA	Yes	Experiences of IPS participation and support from ES	Exemplary (115–117)
Becker, D., et al.	2007	USA	Semi-structured interview Grounded theory	38 WA	Yes	8- to 12-year employment trajectories	
Bejerholm, U., et al.	2011	Sweden	Case study Content analysis	7 units, 3ES	Yes	Implications for IPS delivery, challenges	Good–Exemplary (110–117)
Besse, C., et al.	2017	Canada	Semi-structured interview Grounded theory	16 WA	No	How stress changed from looking for work to working	Fair (97)
Boycott, N., et al.	2015	United Kingdom	Semi-structured interview Thematic analysis	31 WA	Yes	Experiences of IPS during recession	Good
Coombes, K., et al.	2016	Australia	Semi-structured interview Grounded theory	5 WA	No	Factors that impact the success of IPS	
Crain, M., et al.	2009	Canada	Case study	1 WA	No	Experiences of participating in IPS	
Gammelgaard, I., et al.	2017	Denmark	Semi-structured interview Giorgi's phenomenological analysis (Malterud)	12 WA	Yes	How IPS and employment influence recovery	Fair–Good
Hasson, H., et al.	2011	Sweden	Case study	15 WA, 3 ES, 3 SW, 10 C,	Yes	Identify initial barriers influencing implementation of IPS	Good–Exemplary (110–115)
Larson, J.E., et al.	2014	USA	Open-ended survey with open-ended questions	67 ES	No	ES perspectives on IPS implementation	Good–Exemplary (100–125)
Lexen, A., et al.	2013	Sweden	Case study	5 WA	Yes	Support and process in IPS	Good–exemplary (100–125)
Lexen, A., et al.	2013	Sweden	Semi-structured interview Content analysis	19 WA	Yes	Perceived working and impact of work environment	Good–Exemplary (100–125)
Nicholson, J., et al.	2017	USA	Focus group interview	25 WA	No	Challenges in sustaining employment, technology-based solutions	
Nygren, U., et al.	2016	Sweden	Case study Content analysis	5 WA	No	Processes towards employment, important circumstances	Fair
Quimby, E., et al.	2001	USA	Ethnography	25 WA	No	Dilemmas during implementation	
Topor, A. and A. Ljungberg	2016	Sweden	Semi-structured interview Thematic analysis	9 WA	No	Described their relationship with their ES	
Whitley, R., et al.	2010	USA	Semi-structured interview Content analysis	22 ES	No	ES characteristics and competencies	High (73–67) (75)

The selected articles included ten interview studies where nine of them gave knowledge about work applicants' experiences. One interview study and the open-ended questions in the survey study focus on the experiences of employment specialists. The case studies and the ethnography present experiences from all four groups. Based on this background, we organised the studies into four groups according to whose perspective they emphasised.

#### *Phase 4: Identifying metaphors and determining relations between the studies*

The advantage of a meta-ethnographic synthesis lies in the systematic identification of key metaphors, which offers the possibility of synthesising the findings from different types of former qualitative studies (13). Noblit and Hare (12) use the term *metaphor* to refer to themes,

perspectives or concepts. To identify key metaphors in each study, we located the findings sections and made a conceptual map by listing the authors of the studies horizontally and findings from each primary study in vertical columns. The key metaphors preserve the meaning of the original study (13). We made one grid for each group of actors in IPS. In some studies, we found one clear key metaphor, while others had more than one. We chose an index study for each group. The index study for the group 'work applicants' was Areberg, Björkman (16), for 'employment specialists', the index study was Whitley, Kostick (17), for 'social workers', we chose Bejerholm, Larsson (18) and for 'clinicians' we chose Quimby, Drake (19). To determine how the studies in each group related to each other, we compared the key metaphors from the index study with those of the other studies one by one. We created a new grid with the key metaphors vertically and author's interpretations horizontally.

#### Phase 5: Interpreting the central metaphors

The interpretations of key metaphors provided the foundation from which we developed new joint metaphors, sometimes by borrowing a metaphor from one of the constituent studies. This phase resulted in a conceptual innovation (13) and thus a deeper understanding of varying experiences. For instance, we chose the metaphors 'teamwork' and 'culture brokers' to refer to how the employment specialist experienced working in IPS. We borrowed the metaphor 'culture brokers' from Whitley, Kostick (17). We carried out this reconceptualisation with all the primary studies and identified five key

metaphors of work applicants, one of social workers and two of clinicians. Table 2 shows an example of this synthesis for the group 'employment specialists'.

#### Phase 6: A lines-of-argument synthesis

Our review of this metaphoric reduction provided the foundation from which we developed a *lines-of-argument synthesis* (12). We made a model of how the experiences from work applicants, employment specialists, social workers and clinicians would probably interfere each other, by putting the metaphoric experiences into a logical order. Through this, we endeavoured to perceive the complexity and to show the relationships between the experiences from the four groups, and thus explore what possible elements caused difficulties in collaboration within IPS.

#### Phase 7: Presenting the synthesis

The main audience for the synthesis will be practitioners and researchers within the field of work rehabilitation, mental health and social work/welfare services. This made it natural to present the results in an article in a referee-based journal, using academic terms and language.

## Results

### Work applicants

*A significant relationship with their employment specialist.* The work applicants experienced the employment

**Table 2** Examples of key metaphors in each study and authors interpretations of the group employment specialists

<i>Authors' interpretations/key metaphors</i>	<i>This study's authors interpretations</i>	<i>Common key metaphor</i>
Worked in employment-related teams with supervisors and other employment specialists and integrated into a treatment team. This allows ES to focus on employment (17). 'The follow-along supports help our clients to stay employed and learn new ways to cope with symptoms while working'. Coupling vocational assistance with mental health treatment (9). A collaborative approach 'by working together we set up for success' (9) 'move with little effort between the world of business and the world of treatment' Relationship building with employers(9) Hybridity of human services and business approaches (17) linked the service orientation with 'sales' or 'marketing', co-opting the language of corporate business. Empowerment, encouraging doing things for themselves and taking charge of their own situation (17) Acting somewhat as 'culture brokers' – by preparing for expectations employers will probably have (17). Strong commitment to outreach – success is an art and a science (17). Engagement and relationships with clients and employers (17). Providing practical assistance in preparing interviews and communicating with employers. Encouraging client choice and emphasising the goals, interests and desires of the individual (9).	Employment specialists emphasise teamwork, bout with their vocational team and with their treatment team. They experience a need for helping work applicants to handle symptoms Employment specialists experience participating in IPS as combining two different roles in two different worlds. To talk with clinicians, they have to understand mental health treatment and translate the employers' expectations. When meeting employers, they have to translate the work applicants straights and difficulties	Teamwork Culture brokers

specialist as a solid supporting person with whom they felt a sense of togetherness. *'The trust of the IPS model seems to facilitate relationships, and these relationships are the focus of participant narratives'* (6). The work applicants described a variety of situations where they experienced the advantage of this relationship. Firstly, they appreciated the way that their employment specialist asked for their opinion about what could be a suitable job (16). This contributed to the experience of being treated as an individual, an approach that helped to build a significant relationship, and made them believe that they had something to offer and were capable of working (6,20). Secondly, they experienced that the skills possessed by the employment specialist were in accordance with their needs (16). For instance, they experienced that the employment specialists knew when to give support in the background and when to be more active in the job-seeking process. When they had this support in the background, they felt responsible, stronger and able to handle situations. Furthermore, the work applicants appreciated that the employment specialists provided flexible support and were available to them, which made it possible for them to hold on to the valuable relationship with their employment specialist over time (6,16,20). The work applicants in Areberg, Björkman (16) appreciated when the employment specialists had previously worked in mental health care, because they felt these employment specialists accepted both difficulties and work possibilities. On the other hand, the work applicants in Topor and Ljungberg (6) appreciated that IPS was organised under the social services because they felt that this implied less medicalised focus and thus they did not feel reduced to symptoms and diagnoses.

*A personal development.* Areberg, Björkman (16) summarise the work applicants' experience with the sentence: *'Being the centre of attention in a process that brings hope and meaning'* (16). Several of the studies emphasised the work applicants' feeling of attending IPS as being in a process, which influenced their way of thinking and affected their self-esteem and their symptoms. They looked upon hope and meaning as central in this process. When they were concerned about work and not about illness, they started to feel more normal. For instance, they tolerated hearing voices better (6,16). This process towards increased coping is the key metaphor in Coombes, Haracz (21). Firstly, work applicants experienced their involvement in IPS as a new situation, which caused feelings of discomfort, frustration and anxiety. During their time in IPS, they developed strategies to manage these reactions and to cope with their symptoms and challenges, which increased the experience of accomplishment and control (21). Topor and Ljungberg (6) explain the relationship between the work applicant and the employment specialist, mentioned above, as the

foundation of this personal development. The work applicants felt that it was useful for their personal development that they learned to know the employment specialist as a person, and not just as a professional. The work applicants could for instance recognise the employment specialists' reactions to other people's behaviour for instance in meetings with social workers or employers. This made it possible to acknowledge their own reactions and perceive themselves as equals and valuable persons in the eyes of the employment specialists, which facilitated personal development (6).

*Resolving the difficulties that arose in the workplace.* The work applicants experienced that their mental illness affected their ability to work and that they needed to learn appropriate coping strategies and how to manage symptoms successfully (22,23). Lexén, Hofgren (22) describe the work applicants' experience of their work environment as *'striving to fit in at work by attempting to cope with environmental demands and adapting to the worker role'* (22).

During job seeking, some of the work applicants feared work would include situations that they were unable to handle, or that they would perform the working tasks improperly (24). When they had started working, many had trouble with concentration, learning and remembering new work tasks. Social interplay, such as cooperating and talking with colleagues, was one of the areas they found difficult. They also found it difficult to identify what their leader and co-workers expected from them and to understand how they could maintain their work stamina. They coped by clarifying roles and rules of interaction and responsibilities with their leader and employment specialist, or tried to accept their emotions and difficulties (22,25). In describing how they sustained motivation, work applicants often stated the importance of having a job they liked (24).

The work applicants felt that the awareness of their limitations enabled them to explain their own situation to the employment specialist and the employer and thereby increase the possibilities for resolving the difficulties that arose in the workplace (16). The work applicants in Gammelgaard, Christensen (20) were asked about their experiences concerning recovery. This revealed that they had various perceptions of what recovery meant, which led to a discrepancy of views on whether IPS contributed to recovery or not. Those who defined recovery as reduced mental health symptoms naturally did not state that they experienced recovery when work did not remove their symptoms. On the other hand, those who defined recovery as a better life including increased ability to manage difficulties experienced that IPS promoted self-esteem and work skills, and thus contributed to recovery (20).

*Access to work and work sustainment depended on employers' attitude.* The work applicants experienced the employer's attitude and view on human beings as crucial both to being employed and to being included in the workplace after they were hired (16). They experienced that the employer played an important role in creating the social environment at the workplace, and they highlighted the importance of having employers who were tolerant and inclusive (22). Several of the work applicants chose to disclose something about their mental illness to their employer, and explained how their symptoms affected their work performance (26). They hoped that such disclosure would lead to increased understanding of what they were struggling with, and what they needed from the employer to compensate for these limitations. The work applicants defined supportive employers as those who adjusted the working tasks to their capacity, hence making it possible for them to manage, and employers who gave honest feedback regularly (16). Adjustments could, for instance, be allowing employees to spend more time to do the work tasks and offering more systematic work instructions. The work applicants also appreciated it when they were trusted with tasks that were sufficiently challenging. When the employers acted in this supportive way, the work applicants felt more comfortable and they experienced their return to being in a job situation as easier. Employers who did not acknowledge their needs and were not supportive made working difficult or impossible (16,22)

*Appreciating support from a collaborating network.* In addition to the important relationship with their employment specialist, the work applicants highlighted that their opportunities to achieve their work goals increased with support from those around them: friends, family members, clinicians, their social workers in the welfare service and their co-workers. They felt that an encouraging network made it easier for them to handle their difficulties at work (16,22,27). It was also important to include the psychiatric team in IPS, and that the team approved their vocational plan. Such approval increased their belief that finding employment was realistic. Some experienced that their clinical staff did not collaborate with the employment specialist, which made it difficult to continue the process towards work or stay in work, because they felt they had to choose between treatment and employment. The work applicants had mixed experiences concerning whether the welfare services acted in a supportive manner or not, and they appreciated flexible social workers who tried to find individual solutions (16).

#### *Employment specialists*

*IPS as teamwork.* The employment specialists experienced IPS as teamwork. They appreciated being part of both their IPS team and their treatment team. In line with the

IPS fidelity manual (11), the IPS team included a IPS team leader and other employment specialists who encouraged and supervised each other according to the supported employment model (17). The employment specialists emphasised the importance of also connecting the vocational assistance with the mental health treatment team. When the treatment team engaged in a joint effort of working towards the work applicants' goals, the employment specialists experienced it was easier for them to focus on employment (9,17).

*Being culture brokers between mental health treatment and business.* The employment specialists experienced that their professionalism depended on their ability to translate between mental healthcare staff and employers. They experienced themselves as culture brokers when they prepared the work applicants for the employer's expectations and the employers for the skills and difficulties of the work applicants, (9,17). They emphasised the importance of getting to know the work applicant and the employer and of establishing trusting relationships with both. Many stated that their skills originated from their own life experiences. They described how their experiences from working in mental health services and from collaboration with employers made it possible to see how work applicants can cope with symptoms, to talk with work applicants about strategies to stay employed, and to have good communication with their employers. They also drew on their own experiences of how to apply for or start jobs, and believed that active participation by the work applicant was crucial for finding a suitable job match (17).

#### *Social workers*

*Frustrating IPS collaboration.* The social workers experienced cooperation with employment specialists in IPS as frustrating. This frustration concerned two main domains, namely rules and regulations, and the approach to work rehabilitation among people with mental illness. They experienced that IPS did not fit with the welfare system. Some thought that employment specialists had too little knowledge about work rehabilitation regulations, for instance, on benefits and their impact on possibilities regarding vocational rehabilitation. They felt that the employment specialists ignored these regulations and did not take the competence seriously. They experienced that the employment specialists expected them to customise specific rules and make exceptions for people who attended IPS, which they were not in position to do (18,28). Furthermore, the social workers were sceptical about the IPS process, which they thought was too fast and thus could be harmful for the work applicants. They viewed people with mental illness as needing *pre-vocational rehabilitation* (28). By this, the social workers'

mindset was different from that found in IPS; hence, it implied a need for a much slower and more careful approach. However, some of the social workers experienced IPS as valuable, especially the personalised support in the close relationship between the employment specialist and the work applicant, and the continuity which IPS represented. Social workers experienced their professional role as different from the employment specialists as they found they had fewer possibilities for personalised support and continuity in a long-lasting process of finding work (18,28).

### *Clinicians*

*Uncertain about whether work was a stressor or a way to recover.* Clinicians in Quimby, Drake (19) were sceptical about whether their patients were 'ready or able to work' and saw clinical therapy as their primary responsibility. Some of the clinicians considered work to be a stressor, which led to a competition between IPS and treatment. Clinicians in Crain, Penhale (29) on the other hand found that the work applicant seemed more self-confident and active after starting work and that the IPS process contributed to his recovery (29). The clinicians in both studies work in a treatment team together with employment specialists. The different attitude indicates that clinicians are uncertain about whether their patients are able and want to work, and about whether IPS contributes to recovery.

*A lines-of-argument synthesis.* The employment specialists followed the core ideas of IPS, where work is seen as a way to recover and learn to cope with symptoms. To achieve this, they saw the work applicants' preferences and needs as important for health and well-being, and crucial for successful work rehabilitation. They saw it as necessary and fruitful to offer a personal relationship to the work applicants, in order to reach these goals. Work applicants clearly appreciated this personalised recovery-oriented mindset. Furthermore, work applicants needed the employment specialists as culture brokers between health-related questions and the expectations met in the labour market. This included tensions between symptoms and demands from employers. Such constructive flexible time-demanding following up met however limitations in the meeting with the welfare system, represented by the social workers. Social workers had neither time nor other resources to such personalised support, although they saw the value of it. In addition, they were under demand of welfare regulations made for a 'train then place' model, which conflicts with the view that work constitutes a measure leading to recovery as IPS sees it in their 'place then train' model. The scarce knowledge of the clinicians' experiences in the present study suggests that they are sceptical to work as a way to recover, which is

in conflict with IPS. Unless they develop IPS' core beliefs, the treatment they offer to the work applicants will not fully integrate work rehabilitation according to the IPS principles, which may minimise the work applicants' chances to succeed in employment.

### **Discussion**

The present study suggests that there is room for improvements of the cooperation between the various actors in IPS. Difficulties in cooperation between welfare and employment organisations and mental health services are a known barrier within IPS implementation studies (30). The statements from the social workers and some clinicians indicated that the traditional paradigm guided their approach to work rehabilitation, which implies treatment of the illness, before work can be considered. This might be in conflict with the recovery-oriented mindset in IPS where work is seen as part of the recovery plan (18,28).

The present study points to various perceptions of recovery and that there is room for improvements in the way social workers and clinicians support recovery through employment. Borg (31) states that practitioners need to accrue an understanding of the interference between recovery, relationships and pursuits *in order to be effective supporters of the persons own efforts to recover* (31). Bonfils (30) found '*a culture based on a medical approach*' among mental health professionals. However, our study gives an impression that clinical and vocational services are sharing this medical core belief, which influent cultural and organisational factors. This impression is supported by a meta-study of Brinchmann et.al (4), which conclude that *IPS operates in the crossover between mental health care and welfare*. This position challenges the traditional way of thinking and working (4). A change in the way social workers and clinicians support the IPS process can contribute to improvements. This change depends on an acceptance of the recovery-oriented mindset, which for some will mean an acceptance of new knowledge. Such acceptance is possible, for instance, through new experiences. This study gives an example of a clinician who experienced work success with his own patient, and thus changed his low expectations accorded to work performance and the way employment influenced recovery (29). According to Brinchmann et.al, there is a need for addressing the sectorial ownership and responsibility more clearly (4), which might make it easier to changes mindset accordingly.

### *Methodological considerations*

Meta-ethnography where existing qualitative studies of IPS are synthesised into new knowledge is an appropriate method in accordance with the aim. Our analysis



comprised variation in empirical data and gave increased understanding about how work applicants experienced participating in IPS. When it comes to employment specialists, clinicians and social workers, the existing studies are few and do not investigate experiences from well-established IPS teams. This resulted in some indications, but not deep understanding about how they experienced participating in IPS. The fact that most of the studies mentioned the eight core principles of IPS and some also the IPS team's fidelity increases the transferability of our study. We consider the validity concerning work applicants' experiences as good. About the others, further qualitative studies are necessary to get a deep understanding of their experiences of participating in IPS. Still, our study revealed some valuable knowledge concerning these roles as well.

## Conclusion

The work applicants highlighted the significance of the individualised support they received. Social workers and some clinicians found it difficult to provide this important personalised support towards work. Conflicting mindsets between the traditional gradual work rehabilitation paradigm and the IPS approach as a way of recovering can explain this frustrations and distance.

## Recommendations for practice

This study indicates that IPS is mostly experienced as a collaboration between the work applicant and their employment specialist. Statements from the social workers and some clinicians indicated that they were not fully included in the IPS process and that change in the way they support the IPS process can contribute to improvements. More cooperation may depend on an acceptance of the recovery-oriented mindset in IPS, which for some will mean an acceptance of new knowledge.

## References

- 1 Drake RE, Whitley R. Recovery and severe mental illness: description and analysis. *Canadian J Psychiat* 2014; 59: 236–42.
- 2 Drake RE, Bond GR, Becker DR. *Individual Placement and Support: An Evidence-Based Approach to Supported Employment*, 2012, Oxford University Press, New York, NY, USA.
- 3 Modini M, Tan L, Brinchmann B, Wang M-J, Killackey E, Glozier N et al Supported employment for people with severe mental illness: systematic review and meta-analysis of the international evidence. *Br J Psychiatry* 2016; 209: 14–22.
- 4 Brinchmann B, Widding-Havneraas T, Modini M, Rinaldi M, Moe CF, McDaid D et al A meta-regression of the impact of policy on the efficacy of individual placement and support. *Acta Psychiatr Scand* 2020; 141: 206–20.
- 5 Reme SE, Monstad K, Fyhn T, Sveinsdottir V, Løvvik C, Lie SA et al A randomized controlled multicenter trial of individual placement and support for patients with moderate-to-severe mental illness. *Scand J Work Environ Health* 2019; 1: 33–41.
- 6 Topor A, Ljungberg A. "Everything is so relaxed and personal" – The construction of helpful relationships in individual placement and support. *Am J Psychiatr Rehabil* 2016; 19: 275–93.
- 7 Noel V, Bond G, Drake R, Becker D, McHugo G, Swanson S et al Barriers and facilitators to sustainment of an evidence-based supported employment program. *Admin Policy Ment Health Ment Health Serv Res* 2017; 44: 331–8.
- 8 Bond GR, Peterson AE, Becker DR, Drake RE. Validation of the revised individual placement and support

## Future research

There is a need for more research on how clinicians and social workers in the welfare service experience being part of IPS. There are still few studies and a lack of understanding on this topic.

## Acknowledgements

Ellen Sejersted, research librarian, provided valuable support during the literature search.

## Conflict of interest

We have no conflicts of interest to declare.

## Author contribution

Ellen Ånestad Moen and Liv Tveit Walseth selected relevant articles, did quality assessment and conducted the analyses. All three authors have made substantial contributions and comments on the paper. Ellen Ånestad Moen will act as guarantor for the paper.

## Funding

Sørlandet Hospital, HF found the contribution of Ellen Ånestad Moen and Liv Tveit Walseth in this study. University of Agder found the contribution of Inger Beate Larsen.

## Ethical Approval

Ethical approval of the PhD thesis which this article is a part of, was sought and granted for by NSD – Norwegian Centre for Research Data with project number: 47448., Harald Hårfagres gate 29, NO-5007 Bergen Tlf: (+47) 55 58 21 17 postmottak@nsd.no www.nsd.no

- fidelity scale (IPS-25). *Psychiatr Serv* 2012; 63: 758–63.
- 9 Larson JE, Sheehan L, Ryan C, Lemp S, Drandorff L. Practitioner perspectives on Individual Placement and Support (IPS) for individuals with serious mental illness. *J Vocat Rehabil* 2014; 41: 225–35.
  - 10 Røysum A. The reform of the welfare services in Norway: one office – one way of thinking? *Euro J Social Work* 2013; 16: 708–23.
  - 11 Becker DR, Swanson SJ, Reese SL, Bond GR, McLeman BM. inventors; Dartmouth Psychiatric Research Center, assignee. Supported Employment fidelity review manual, A companion guide to the evidence-based IPS Supported Employment Fidelity Scale 2015.
  - 12 Noblit GW, Hare RD. *Meta-Ethnography: Synthesizing Qualitative Studies*, 1988. SAGE Publications, Thousand Oaks.
  - 13 Britten N, Campbell R, Pope C, Donovan J, Morgan M, Pill R. Using meta ethnography to synthesise qualitative research: a worked example. *J Health Serv Res Policy* 2002; 7: 209–215.
  - 14 Atkins S, Lewin S, Smith H, Engel M, Fretheim A, Volmink J. Conducting a meta-ethnography of qualitative literature: Lessons learnt. *BMC Med Res Methodol* 2008; 8: 21.
  - 15 Critical Appraisal Skills Programme (2018). CASP Qualitative Checklist. [online] [casp-uk.net](http://casp-uk.net) (last accessed 23 November 2019).
  - 16 Areberg C, Björkman T, Bejerholm U. Experiences of the individual placement and support approach in persons with severe mental illness. *Scand J Caring Sci* 2013; 27: 589–96.
  - 17 Whitley R, Kostick KM, Bush PW. Desirable characteristics and competencies of supported employment specialists: an empirically-grounded framework. *Admin Policy Ment Health Ment Health Serv Res* 2010; 37: 509–19.
  - 18 Bejerholm U, Larsson L, Hofgren C. Individual placement and support illustrated in the Swedish welfare system: A case study. *J Vocat Rehabil* 2011; 35: 59–72.
  - 19 Quimby E, Drake RE, Becker DR. Ethnographic findings from the Washington, D.C., Vocational services study. *Psychiatr Rehabil J* 2001; 24(4): 368–74.
  - 20 Gammelgaard I, Christensen TN, Eplov LF, Jensen SB, Stenager E, Petersen KS. 'I have potential': Experiences of recovery in the individual placement and support intervention. *Int J Soc Psychiatry* 2017; 63: 400–6.
  - 21 Coombes K, Haracz K, Robson E, James C. Pushing through: Mental health consumers' experiences of an individual placement and support employment programme. *Br J Occup Ther* 2016; 79: 651–9.
  - 22 Lexén A, Hofgren C, Bejerholm U. Reclaiming the worker role: Perceptions of people with mental illness participating in IPS. *Scand J Occup Ther* 2013; 20: 54–63.
  - 23 Lexén A, Hofgren C, Bejerholm U. Support and process in individual placement and support: A multiple case study. *Work* 2013; 44: 435–48.
  - 24 Nicholson J, Carpenter-Song EA, MacPherson LH, Tauscher JS, Burns T, Lord SE. Developing the WorkingWell mobile app to promote job tenure for individuals with serious mental illnesses. *Psychiatr Rehabil J* 2017; 40: 276–82.
  - 25 Becker D, Whitley R, Bailey EL, Drake RE. Long-term employment trajectories among participants with severe mental illness in supported employment. *Psychiatr Serv* 2007; 58: 922–8.
  - 26 Boycott N, Akhtar A, Schneider J. 'Work is good for me': views of mental health service users seeking work during the UK recession, a qualitative analysis. *J Ment Health* 2015; 24: 93–97.
  - 27 Besse C, Poremski D, Laliberté V, Latimer E. Changes in the nature and intensity of stress following employment among people with severe mental illness receiving individual placement and support services: an exploratory qualitative study. *J Ment Health* 2017; 26: 312–7.
  - 28 Hasson H, Andersson M, Bejerholm U. Barriers in implementation of evidence-based practice: Supported employment in Swedish context. *J Health Organ Manag* 2011; 25: 332–45.
  - 29 Crain M, Penhale C, Newstead C, Heah T, Barclay K. The contribution of IPS to recovery from serious mental illness: A case study. *Work* 2009; 33: 459–64.
  - 30 Bonfils IS, Hansen H, Dalum HS, Eplov LF. Implementation of the individual placement and support approach – facilitators and barriers. *Scand J Disabil Res* 2017; 19: 318–33.
  - 31 Borg M, Davidson LJ. The nature of recovery as lived in everyday experience. *J Ment Health* 2008; 17: 129–40.