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Promoting meaningful work through interorganisational and interdisciplinary collaboration. The IPSNOR project.

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Introduction

IPSNOR is a research and implementation project to facilitate employment for individuals experiencing mental illness. The project demonstrates a collaborative partnership to implement evidence-based knowledge into routine practice, involving researchers, lived experience consultants, bureaucrats, leaders from welfare and health services, and practitioners across sectors. Competitive, meaningful employment is a goal for most citizens, including people experiencing severe mental illness (Rinaldi & Perkins, 2007; Waghorn et al., 2012), and there is robust evidence that good work is vital for good health and well-being (Modini et al., 2016; Waddell & Burton 2006). For people with mental illness, labour market participation can be key for recovery, inclusion and integration into society (Krupa, 2004; OECD, 2021; WHO, 2021). Still, the exclusion and unemployment among people experiencing severe mental illness are high (OECD, 2021). Mental illness is the leading cause of disability in most Western societies (OECD, 2015). People with mental illness are three times more likely to be unemployed than those without mental illness. People experiencing severe mental illness have the highest risk of exclusion (Hakulinen et al., 2019).

Some vocational rehabilitation programs appear more effective than others in helping users gain competitive employment. For example, evidence suggests that 'Place then train' programs are more effective than 'Train then place' programs. 'Place then train' programs do not rely on training and sheltered work before entering competitive employment. Individual Placement and Support (IPS) (Becker & Drake, 1993), an evidence-based 'place then train' approach, is considered the most structured and well-defined form of supported employment. IPS focuses on individuals' interests, strengths and abilities rather than their challenges and disabilities. It assumes that anyone can gain competitive employment with access to the right job and support (Bond, 2004). Eight evidence-based principles define IPS, and following these principles increases its success (Bond et al., 2012). The fundamental principles of IPS are (1) competitive employment being the primary goal, (2) eligibility is based on patient choice and not the opinion of professionals, (3) vocational and clinical services are integrated, (4) the patient's preferences guide the job search, (5) there is personal welfare benefits counselling, (6) job search starts rapidly, (7) systematic job development, and (8) ongoing support once in employment is delivered without time restraints (Drake et al., 2012). An IPS team comprises clinicians with various professional backgrounds and employment specialists who provide job support based on IPS principles. Within the team, there is close collaboration with a financial benefit advi-

sor. IPS, therefore, differs from traditional supported employment by integrating vocational rehabilitation into a clinical team providing mental health treatment and support.

Numerous randomised controlled trials (Burns et al., 2007; Drake et al., 1999), systematic reviews and meta-analyses document IPS's effectiveness in achieving competitive employment compared to traditional vocational rehabilitation (Brinchmann et al., 2020, De Winter et al., 2022; Metcalfe et al., 2018; Modini et al., 2016). Further, some research finds positive long-term employment outcomes and cost-effectiveness (Hoffmann et al., 2014; Holmås et al., 2021; Park et al., 2022). There are reports on positive non-vocational outcomes like improved quality of life, reduced need for inpatient treatment and symptom reduction (Areberg & Bejerholm, 2013; Hoffmann et al., 2014; Kukla et al., 2012).

IPS in clinical practice

IPS is considered a paradigm shift in helping people with mental illness gain and retain employment (Corrigan, 2006). Effective IPS implementation requires interorganisational collaboration and considerable change within clinical practice. IPS has spread to four continents over the past two decades (Bond et al., 2020), but researchers have identified several challenges to IPS implementation at contextual, organisational and individual levels (Bonfils et al., 2017; Hasson et al., 2011; Mueser & Cook, 2016). Implementing IPS requires a specific form of organisation and staffing as described in the IPS fidelity scale (Bond et al., 2012). Fidelity refers to the degree to which the implementation of an evidence-based practice adheres to the original approach, which in the IPS context is the Supported Employment Fidelity Review Manual (Becker et al., 2019). There are challenges to integrating healthcare and employment support since public health- and employment sectors operate independently, have different objectives, and are governed by different authorities (Bonfils, 2020). A health service aims to promote, protect and improve health, while an employment service aims to help people find employment (Wharakura et al., 2022). However, these can be mutual and complementary goals. Local initiatives such as IPS employment specialist training programmes, stable funding, collaboration plans, and programme fidelity assessments can help facilitate implementation (Bergmark et al., 2019; van Weeghel et al., 2020; Vukadin et al., 2018).

Norwegian and Northern Norway Context

The challenges of integrating healthcare and employment support are well-known in Norway. Compared to other OECD countries, Norway has low unemployment (OECD, 2020), high sickness absence and the highest uptake of disability and rehabilitation benefits (Hemmings & Prinz, 2020). Health and welfare services are rooted in different sectors, regulated through different legislation and funded separately. The Norwegian mental health services provide community-based and hospital-based care. The Norwegian Labour and Welfare Administration (NAV) provides social and vocational services and welfare benefits for those who cannot work. NAVs' primary responsibility is to provide economic security for residents and assist people in gaining work through employment schemes. The schemes represent various plans for getting people into work based on their needs (NAV, n.y.). NAV offices represent Norway's Public Employment Services, defined at the EU level as "the authorities that connect job seekers with employers" (European Commission, para 1). Northern Norway consists of three counties (Nordland, Troms and Finnmark), 87 municipalities and a total population of 463 000 with a density of 4.1 people per km2. There are only two towns with more than 50,000 inhabitants, Bodø and Tromsø, and the region is characterised by rural areas and long distances between towns and smaller settlements.

The IPSNOR Project

The IPSNOR project was established in response to difficulties experienced in IPS implementation

and scale-up worldwide. The project aims to scale up IPS in Northern Norway (www.ipsnor.no). IPSNOR is based at the Centre for Work and Mental Health (Kaph) at Nordland Hospital Trust, Bodø, Norway. The regional health authority funds and mandates Kaph to support services adopting evidence-based practices such as IPS in Northern Norway.

A gradual development of the IPSNOR Project

The IPSNOR project developed gradually after years of close collaboration between health and employment services. The collaborative experiences were necessary to prepare the ground for an integrated service like IPS. The first IPS-inspired project started with a work project called The Jobhouse in 2005. The Jobhouse was a collaborative initiative between the Hospital Trust, NAV and a private vocational rehabilitation agency. The Jobhouse delivered vocational rehabilitation integrated into the inpatient treatment for people experiencing severe mental illness (Brinchmann, 2012). The persons came from all over Northern Norway; several were early school leavers with no work experience. One important purpose of the Jobhouse was to give people the experience of having other and more active roles than being a patient and show that employment was a realistic goal after discharge. Although the Jobhouse operated on 'Train-place' principles (unlike IPS), the underlying philosophy was that anyone could gain competitive employment, provided they had the right job with appropriate support (similar to IPS). Jobhouse workers reported they could step out of the patient role and felt seen as capable. An important lesson learned from this project was an unforeseen side effect - the employment- and health sectors realised that competitive employment was possible through closer intersectoral collaboration and a new way of working.

The next step towards IPSNOR was implementing IPS, per the fidelity manual in Bodø municipality. The research project design was a pragmatic naturalistic trial, investigating whether this close collaborative partnership at the municipal level could influence welfare benefit dependency and employment outcomes at a societal level (Brinchmann et al., in progress; Sandtorv et al., in progress). The practical implementation of IPS in Bodø resulted in promising early experiences of the feasibility of implementing IPS in a Norwegian context. These experiences laid the foundations for a scale-up of IPS in Northern Norway – the IPSNOR project.

IPSNOR is about implementing IPS in Northern Norway. The project relies on new and innovative forms of cross-sectoral collaboration. To support the implementation, IPSNOR formalised collaborative agreements between the health and welfare sectors in Northern Norway and developed a practical training module for educating employment specialists. IPSNOR staff also educated employment specialist supervisors. We suggested infrastructure for collaboration, routines for integrating the employment specialists into clinical teams, and technical support facilitating the daily routines of the employment specialist's work.

The IPSNOR design aims to develop new arenas for collaboration between the two public sectors NAV and health sector, practitioners and researchers, job seekers (service users) and municipalities. The core IPSNOR staff and collaborators consist of persons with various lived experience, professional backgrounds and roles. Common for all is that we seek to contribute to meaningful work for people experiencing mental illness in our geographical area. Through IPS, we have found a structured, evidence-based model for promoting work based on individual's preferences and recovery. Our interdisciplinary team is a result of us acknowledging that we cannot resolve the IPS implementation challenges alone. We are deeply dependent on various competencies to succeed. Therefore, the IPSNOR staff consist of three lived-experience consultants who have endured mental health challenges, unemployment, and social exclusion. We value their competence in all core IPSNOR activities.

All IPSNOR staff are involved in the core IPS implementation and research activities. We have staff members with various clinical and research backgrounds, such as psychology, psychiatry, sociology, social work, occupational therapy, health economy and nursing. The research team comprises national and interna-

tional researchers, PhD students and scientific assistants. The lived experience consultants have weekly meetings with employment specialists and are involved in supervision and reflection. They also lead a Northern Norway network of lived-experience consultants. All IPSNOR staff are responsible for developing information material, teaching at IPS sites and local universities, and designing and conducting research. Staff members are involved in developing interview guides, surveys, recruitment of research participants, data collection, analysis, and writing scientific articles. All staff members also actively disseminate research findings to practitioners and the public at conferences. Involving team members in all activities results in better quality work. Furthermore, we can better target research to societal needs by involving a broader group. We can also disseminate research findings in various ways, narrowing the gap between research and practice.

Experiences from Scaling up IPS in Northern Norway

The IPSNOR project is ongoing, but we have gained valuable experience from our work to date. IPSNOR has encouraged and helped sites to apply for funding to establish IPS, write collaboration agreements and to develop local networks. IPSNOR has also offered implementation support for all IPS sites in Northern Norway. This support includes training, supervision and a two-day job shadowing for the employment specialists. In addition, we offered lectures and training to health and NAV personnel at each site. Over the last ten years, the IPS services have expanded from four to 14 sites. Currently, 53 full-time employment specialists are employed across these 14 sites.

All IPS sites in Northern Norway are part of the IPSNOR network. Inspired by the IPS Learning Community (Becker et al., 2014). The IPSNOR network includes: IPS service providers in Northern Norway, national, regional and local partners from health and welfare sectors, service user representatives, and national and international researchers. IPS practitioners in Northern Norway value the network as most work at small sites with considerable distances between them. IPS teams comprise two or three employment specialists, typically integrated into different clinical teams. There is often a considerable distance between these teams, isolating the employment specialists and making them feel alone. In a study of the employment specialists' role in the implementation process, the employment specialists valued the support from the IPSNOR network. Employment specialists reported that being part of the IPSNOR network allowed them to get to know other regional employment specialists. They could share experiences and learn from each other. Participating in IPSNOR employment specialist seminars allowed them to withdraw from their daily practice, get an overview of the field of knowledge and remind themselves why they were doing this. They felt seen, heard, and part of a bigger community (Moe et al., 2021). Despite the support from the network, the employment specialists have faced implementation challenges. Their significant roles as pioneers of service development were not sufficiently recognised and communicated to them before they started their job. Therefore, the implementation responsibilities surprised many employment specialists (Moe et al., 2021). Implementation challenges are, among other reasons, why we have experienced a high turnover rate among employment specialists (Butenko et al., 2022; Butenko et al., in review).

In Northern Norway, like the rest of Norway, IPS employment specialist are mainly employed by NAV, not by health services. This is a result of policy development over years (Moe et al., 2022), and we receive reports that the collaboration and integration of work within health services still is challenging. We believe health services have a significant role within IPS and employment support, and we will continue informing health services of their important role of supporting patients in their goals toward participating in employment. In a study investigating the attitudes towards core principles in IPS among employees in NAV, we find that attitudes align with core values in IPS (Brinchmann et al., 2022). Although this does not show behavioural change according to IPS, it shows that employees in NAV are ready to work according to these principles. Despite years of collaboration between health and welfare services and attitudes in alignment with IPS among NAV personnel, we still experience barriers in implementing a collaborative service like IPS. High

quality IPS is dependent of integrative effort between sectors, and we don't believe we have yet reached our goal of providing high fidelity IPS at large scale in Northern Norway. An ongoing study systemises the IPS fidelity reports from Northern Norway to investigate the IPSNOR success in supporting high-fidelity IPS (Ahmed et al., in progress).

Lessons learned and the way forward.

To sum up, IPSNOR has succeeded in increasing the number of IPS sites in Northern Norway. In the future, we need to focus even more on the implementation and sustainability in routine practice to secure access to meaningful work for people experiencing mental illness. We found that supporting people with mental illness to gain and maintain employment requires an interdisciplinary and interorganisational approach. Our experiences from IPSNOR show that the partnership between different organisations, researchers and people with lived experience sharing the same purpose is essential for building trust in each other and supporting the paradigm shift needed to implement IPS in routine clinical practice. We also believe that the close integration of implementation support and research increases the quality of research and implementation. Our experiences from the northern region suggest that regional centres and learning networks is necessary to support sustainability of IPS. These centers must contain technical support for training and fidelity and shared ownership from both health services and NAV. National plans to upheld fidelity, plans for coordination and technical support is also central to support regional centres in their effort.

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