

# Are attitudes in employees of public employment service in line with the principles of individual placement and support?

## A questionnaire-based survey

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### Abstract

A high proportion of people with severe mental illness (SMI) want to work, consider it essential for recovery, yet employment rates are low. Many employees in public employment services (PES) work according to traditional attitudes that people with SMI are unable to work and if they do, risk harm from work-related stress. These attitudes conflict with principles in evidence based vocational models like individual placement and support (IPS) and probably contributes to the low-employment rate. The aim of this study was to investigate attitudes towards the evidence-based principles of IPS among PES employees with and without exposure to

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IPS. A case vignette describing a person with SMI and statements referring to this vignette was developed and administered to PES employees at two timepoints, 4 years apart. Respondents indicated their attitudes on a six-point Likert scale to statements in accordance to the principles of IPS. Independent two-tailed sample *t*-tests were used to analyse differences between respondents in municipalities with IPS exposure, compared to municipalities without. Multiple linear regressions with attitudes as a dependent variable was used to test whether attitudes changed over time dependent on exposure to IPS. Attitudes were generally aligned with IPS principles compared to current PES practice. The municipality with IPS exposure had more favourable attitudes ( $p < 0.01$ ). Changes in attitudes were minimal over time and did not differ between regions ( $p < 0.287$ ). Attitudes of employees in PES are aligned with the principles of IPS and to a greater extent if exposed to IPS.

## 1 | INTRODUCTION

Mental disorders are a leading reason for incapacity benefits and sickness absence in many high-income countries (OECD, 2003, 2012). This has been an increasing problem for policymakers over the last decade with growing costs to the individual, employers and society as a whole (McDaid et al., 2007). One European study estimated that 50% of total costs related to mental ill health was due to welfare expenditure and reduced productivity (Gustavsson et al., 2011). In Norway, it is estimated that expenditure on disability and sickness benefits are approximately 5% of gross domestic product (OECD, 2013).

For individuals with mental health conditions, work can be an essential element of recovery and social inclusion. Good quality work, if sustained, has also been associated with better mental and physical health, improved quality of life and less contact with health services (Luciano et al., 2014; Modini, Joyce, et al., 2016; van der Noordt et al., 2014). Policy makers recognise the importance of employment integration as a central part of mental health policies, contributing to better health outcomes and the OECD identify the need for the transformation and redesign of existing pathways to support people with mental health conditions into work rather than onto incapacity and disability benefits (OECD, 2015).

One approach that works in alignment with mental health policies and a human-rights based approach is the evidence-based practice individual placement and support (IPS) approach to vocational rehabilitation. IPS enables people with moderate and severe mental health illness to obtain competitive employment. IPS is a form of supported employment and differs from other types of vocational rehabilitation which have traditionally taken a 'train-and-place'-approach. Traditional vocational services typically focus time and resources on training and supporting people to develop new skills in segregated and sheltered environments. In contrast, the primary goal of IPS is to directly find a job and then provide continued support—a 'place-and-train' approach. An important evidence based principle of IPS is the emphasis on the preferences of each individual's own employment goals, thus supporting their own personal recovery process (Bond, 2004). A recent meta-regression including more than 6000 people in 27 controlled trials found that IPS increases the likelihood of achieving competitive employment for people with moderate and

severe mental illness (SMI) two-fold, compared to current traditional approaches (Brinchmann et al., 2020). IPS has also been tested in the Scandinavian countries with a somewhat hesitant attitude to implementation because of generous welfare policies despite this approach being effective (Bejerholm et al., 2015; Christensen et al., 2019; Reme et al., 2019). While the efficacy of IPS is well established (Kinoshita et al., 2013; Modini, Tan, et al., 2016) and policies support upscaling, the intervention is not fully scaled up as standard intervention anywhere in the world (Drake, 2020). Mainstream funding is lacking and access rates for people with moderate to severe mental conditions to IPS are low (Bond et al., 2020; Robert et al., 2016). We can point to initiatives to expand the availability of IPS in countries, such as the UK (Melleney & Kendall, 2020) and Norway but barriers at multiple levels are reported (Bonfils, 2021; Vukadin et al., 2021).

Supporting people with moderate and severe mental health illness into competitive employment can be challenging among personnel within public employment services (PES) (Bonfils, 2021). Such organisations often follow defined rules and regulations in accordance with 'train-and-place' approaches to vocational rehabilitation for people with limited employment experience or long-term unemployment (Hasson et al., 2011). Employees in PES' may have both negative and positive attitudes to 'place-and-train' approaches such as IPS. On the positive side, they may embrace IPS due to the evidence on efficacy (Modini, Tan, et al., 2016) and its alignment with active labour market policies (Rizza & Fioritti, 2020). However, scepticism towards IPS and its evidence-based principles could have policy and or practical implications (Casper & Carloni, 2007), impact on implementation efforts (Bejerholm et al., 2015; Drake et al., 2008), and negatively influence jobseekers' beliefs and motivation in finding and managing competitive work (Rinaldi et al., 2008). If PES professionals unduly favour traditional vocational rehabilitation principles this could limit the effectiveness of new pathways into work for people with moderate and moderate and SMI and undermine positive recovery processes towards work. There appears to be only one other study looking at PES staff attitudes towards IPS which found that more specialised and trained staff showed more favourable attitudes and beliefs in competitive employment being realistic for people with SMI (Knaeps et al., 2015). However, the many barriers reported at local level when implementing IPS (Bonfils et al., 2017) might also influence or change attitudes towards the principles of IPS and so attitudes should therefore also be followed over time.

Therefore, there are two aims of this study: firstly, to examine the attitudes of employees in a PES towards the evidence-based principles of IPS during an early phase of implementation of IPS. Secondly, to examine whether these attitudes change over time for PES employees with IPS exposure compared to employees without exposure to IPS.

## 2 | METHODS

This paper follows the STROBE statement for reporting (von Elm et al., 2007), following a predetermined but unregistered protocol.

### 2.1 | Setting

The context of this study was an effectiveness study of IPS in a municipality in Northern Norway. Norway makes an interesting case for research on IPS, both because of its generous and accessible welfare benefits, and also because of high-welfare dependency among people with mental illness in general (Brinchmann et al., 2020; Iacono, 2018; OECD, 2013). In addition, the responsibility and the employment of IPS employment specialists are within the PES system, not mental health services as is found in the majority of other countries. For this reason the attitudes among PES employees is vital to understand in this context (Government of Norway, 2017). IPS was implemented in the capital municipality in one county, the largest city in the area, with 50,000 inhabitants. Other municipalities in the region were included as a reference group. The region has 44 municipalities, 43 of these having their own PES. These offices represent Norway's PES, functions defined at EU level: (<https://ec.europa.eu/social/main.jsp?catId=105&langId=en>).

In 2013, there were 450 employees in these offices, increasing to 480 employees by 2017. The frontline PES workers have a dual role as gatekeepers towards welfare benefits as well as helping unemployed gain employment (Sadeghi & Fekjær, 2019). Traditionally there has been little coordination between PES staff and mental health services to support individuals with moderate and SMI into work. The traditional way of working has been a step-wise 'train and place' approach (Spjelkavik, 2012). Prior to 2013, there was no IPS activity in this region. In 2013, the PES together with the mental health service in the capital municipality, began implementing IPS and employed three full-time IPS employment specialists. Between 2012 and 2017, employees in the affected mental health services and PES were trained in the evidence-based principles of IPS. The IPS program had three independent IPS fidelity reviews during the period: the first in 2013 scored fair fidelity, while the second and third scored good fidelity. The rest of the region did not start implementing IPS before 2017.

## 2.2 | Questionnaire

A questionnaire was developed based on the acknowledged eight key principles of IPS (Drake, 2012).

### BOX 1 Key principles in IPS\*

1. Eligibility into IPS is based on patient choice; zero exclusion policy
2. The vocational and clinical services are integrated
3. Competitive employment is the primary goal
4. Each client gets personalised benefits counselling
5. Focus on rapid job search (within a month)
6. IPS employment specialist work systematic with job development
7. Clients gets time-unlimited support
8. Job search is guided by individual preferences

(\*Ref: Drake, R.E., Bond, G. R., Becker, D. R. *IPS Supported Employment: An evidence-based approach*. 2012: New York: Oxford University Press.)

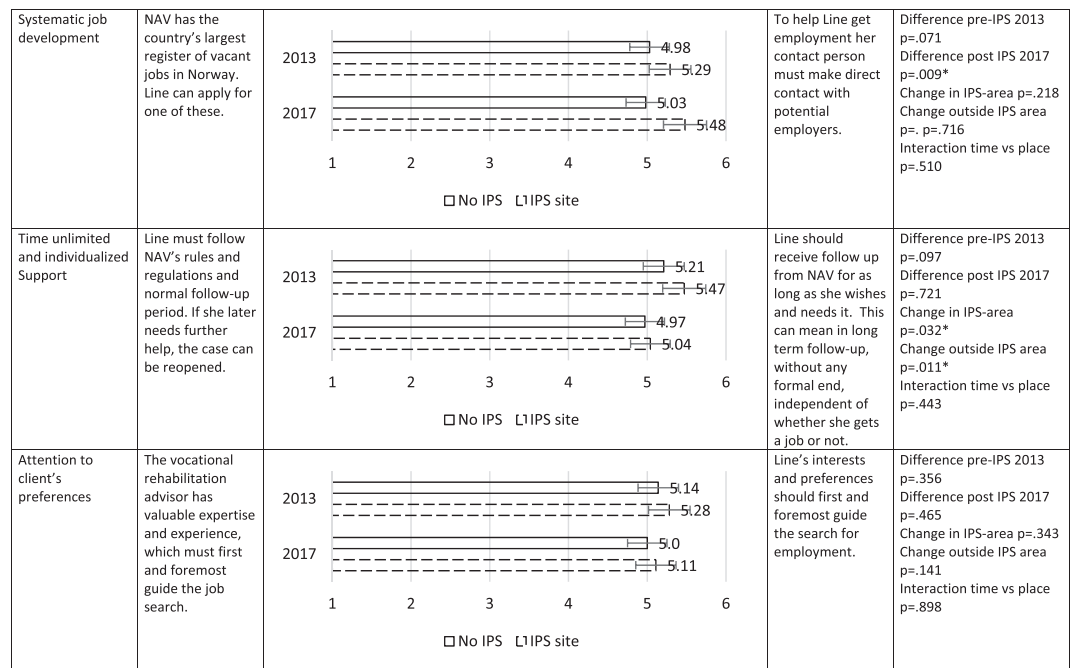
The questionnaire began with a case vignette about a hypothetical patient "Line" and continued with statements with reference to this vignette (Supplement text box Vignette Line S1). Eight paired statements were developed according to the eight key principles for IPS (Supplement figure Questionnaire S1). For each pair, one statement was in accordance to an IPS principle whilst the other statement opposed it. The statements opposing IPS were generally in line with current practice in the PES and in accordance with 'train-and-place' approaches to vocational rehabilitation. For example, for the IPS principle "Rapid job search" we developed the statement: "Line wants to work now. This means that the job search should start as soon as possible" paired with the divergent statement: "We need adequate time for work preparation and treatment before looking for competitive employment". Responses were collected on a six-point Likert scale defined by each pair of statements. Respondents were asked to read the case vignette and respond to the statements, marking on the Likert scale which best indicated their view. For two of the questions, 2 and 7, a score of six on the scale indicated attitudes in accordance with IPS, whereas a score of six on all other questions indicated attitudes more in accordance with usual practice. To check conceptual validity and as part of further questionnaire development, a focus group was conducted with representatives from a local PES office which further refined the questionnaire.

## 2.3 | Design and participants

The survey was conducted initially between September and October 2013, and repeated in May 2017. Survey data were collected in the context of meetings and seminars, or distributed by office managers at each of the 43 offices.

IPS principle	Opposing to IPS	Distribution of responses, visualised as means on a 6-point Likert scale. Data from 2013 and 2017 separated into IPS site versus sites with no IPS service.	According to IPS	Tests (details in supplementary table 1)
Sumscore		<p>2013: No IPS = 4.98, IPS site = 5.18 2017: No IPS = 4.62, IPS site = 4.97</p>		Difference pre-IPS 2013 $p=.004^*$ Difference post IPS 2017 $p=.0013^*$ Change in IPS-area $p=.034$ Change outside IPS area $p<.001^*$ Interaction time vs place $p=.287$
Eligibility based on client's choice	We must be realistic. Line has experienced many defeats and should be offered a new supported work position before a possible application for a permanent disability pension is sent	<p>2013: No IPS = 5.1, IPS site = 5.32 2017: No IPS = 4.3, IPS site = 4.94</p>	We must emphasize Line's wishes. Line should be allowed to try and gain competitive employment.	Difference pre-IPS 2013 $p=.127$ Difference post IPS 2017 $p=.0045^*$ Change in IPS-area $p=.062$ Change outside IPS area $p<.001^*$ Interaction time vs place $p=.088$
Integration of mental health with employment services	Health professionals should complete both their assessments and treatment of Line before the public employment office can help her get a job	<p>2013: No IPS = 5.18, IPS site = 5.59 2017: No IPS = 4.89, IPS site = 5.22</p>	There is no reason to wait for further medical assessments and treatments. The Public Employment office must, in close collaboration with the health sector, facilitate the process of looking for competitive employment.	Difference pre-IPS 2013 $p=.004^*$ Difference post IPS 2017 $p=.0969$ Change in IPS-area $p=.03^*$ Change outside IPS area $p=.005^*$ Interaction time vs place $p=.739$
Competitive employment	Usually it is not realistic for people with a serious mental illness such as Line, to function in a competitive job.	<p>2013: No IPS = 5.44, IPS site = 5.59 2017: No IPS = 5.01, IPS site = 5.35</p>	I think competitive employment should be the goal for Line as long as that is what she wants.	Difference pre-IPS 2013 $p=.151$ Difference post IPS 2017 $p=.044^*$ Change in IPS-area $p=.076$ Change outside IPS area $p<.001^*$ Interaction time vs place $p=.287$
Personalized welfare benefit counselling	Line has been dependent on social welfare financial support/benefits for a long time and she is understandably scared of losing this. She will need advice and support in order to try competitive employment.	<p>2013: No IPS = 3.87, IPS site = 3.97 2017: No IPS = 3.87, IPS site = 4.02</p>	If Line really wants to work, NAV's financial support will not hinder her. Financial advice will not be deciding factor in Line getting a job or not.	Difference pre-IPS 2013 $p=.655$ Difference post IPS 2017 $p=.580$ Change in IPS-area $p=.895$ Change outside IPS area $p=.931$ Interaction time vs place $p=.861$
Rapid job search	We need adequate time for work preparation and treatment before looking for competitive employment.	<p>2013: No IPS = 4.83, IPS site = 4.97 2017: No IPS = 3.91, IPS site = 4.56</p>	Line wants to work now. This means that the job search should start as soon as possible.	Difference pre-IPS 2013 $p=.368$ Difference post IPS 2017 $p=.006^*$ Change in IPS-area $p=.093$ Change outside IPS area $p=.p<.001^*$ Interaction time vs place $p=.086$

**FIGURE 1** Aggregated reported means at two different locations and timepoints



\*Statistically significant finding ( $p<.05$ )

FIGURE 1 (Continued)

At the seminars, one of the authors collected the responses with help from personnel from PES. When the survey was completed in the local PES offices, the local office managers sent the responses to the researchers by post. Completing the survey was voluntary and anonymous.

2.4 | Statistics

Data were analysed by Stata version 15 (StataCorp, 2017). Scores for each of the statements, as well as a sum score for overall attitude towards the IPS principles were computed. The internal consistency of this scale was analysed by Cronbach's coefficient alpha. The independent samples *t*-test was used to analyse differences between responses from the geographical area with IPS exposure and areas without IPS exposure. This was executed for the total sum-score and for each of the individual items at two timepoints. Multiple linear regressions with attitudes as the dependent variable were also used to test the hypothesis that attitudes changed over time, dependent on IPS exposure. The hypothesis for interaction was tested by an interaction term (time by site) where both were coded as dichotomous, indicating 2013 versus 2017 and IPS versus no IPS exposure.

3 | RESULTS

The response rate was 86% in 2013 (385 out of 450), and 68% in 2017 (324 out of 480).

The Cronbach's coefficient alpha based on standardised items for the sum score was 0.616. In Figure 1, responses are illustrated with histograms. The survey done in areas without IPS experience are shown as bars with black borders in the histogram, and the survey done at areas with experience with IPS are shown as bars with dotted

borders. The figure illustrates aggregated means with 95% confidence intervals for responses on each IPS principle in 2013 and 2017 for areas with and without IPS. P-values from independent *t*-test show whether changes in scores between 2013 and 2017 were significant. (Figure 1 and supplement Table S1). The statements consistent with IPS principles are on the right side of the figure, and the statements that are inconsistent with IPS principles are on the left. Respondents reported attitudes in favour with the IPS principles, and in disagreement to the current practice, they were expected to follow. The result regarding the item on the role of personalised welfare benefits counselling, was the only item that revealed a neutral attitude between opposing statements.

The total sum-score for attitudes was in favour of the IPS principles with mean scores of 4.98 in municipalities without exposure to IPS and 5.18 with IPS exposure in 2013. Attitudes changed in a less favourable direction, from an IPS perspective, from 2013 until 2017. In 2017, the average score was 4.62 in municipalities without IPS exposure and 4.97 with IPS exposure. The difference in average attitudes between regions with and without IPS exposure were statistically significant in 2013 and 2017 ( $p < 0.01$ ). The decrease in favourability towards IPS exposure was also statistically significant ( $p < 0.001$ ). There was no time by place interaction in the development of attitudes (all  $p > 0.05$ ) and the trends were parallel in areas with and without IPS exposure (Figure 1 and Supplement Table S1).

## 4 | DISCUSSION

This study is to the best of our knowledge the first study looking at PES attitudes to IPS in a Scandinavian context. The findings from this survey suggests attitudes strongly in favour of the key principles in a 'place and train' approach. These positive attitudes are statistically stronger in the municipality with training and practical IPS-exposure, compared to municipalities without exposure to IPS. All municipalities show a statistically significant decrease in positive attitude towards these principles after 4 years, with the strongest decrease in the area without IPS-exposure. However, the scores, as defined by the scale, are still positive and there is no statistical difference between the two groups for how attitudes changed dependent of time and exposure to IPS.

The decline in positive attitude between time periods is significant but small and suggests that the initial favourable perspective has been tempered over time, although still positive. In Norway, the Directorate of Labour and Welfare (PES) has been an advocate for IPS, and several policy documents have supported the development towards a more general 'place-and-train' approach in the PES (NOU, 2012:6, Arbeids- og velferdsdirektoratet, 2015). This might partly explain the positive attitudes in favour of this approach among PES staff across all areas in our study, although more positive in areas exposed to IPS. The decline in attitudes might reflect both the experiences and practical implications of trying to implement IPS in Norway, but also a regression towards the means after the first survey.

It's interesting to note that all PES staff significantly decreased their positive attitudes towards specific questions regarding integration of employment support with health services and time unlimited support. These principles rely on close and timely collaboration between sectors, and although we see a large scale-up of IPS in Norway, integration challenges are one of the biggest barriers (Fyhn et al., 2021; Moe et al., 2021).

Responses to the item on the role of personal benefit counselling were less in favour of IPS than the average of the other items. The IPS implementation literatures focus on welfare benefits and became an additional evidence based principle based on randomised controlled trials outside of North America (Bond, 2004). In a Scandinavian context, in-work poverty does not really exist compared to other countries. Norway is a generous and comprehensive welfare state and has an active labour market policy. Living in a well-resourced welfare state might affect norms and values (van der Wel & Halvorsen, 2015). The latent functions of work like having colleagues, social support, the achievements of personal goals, time structure and quality of life might be considered as potentially more important motivators for whether people want a job or not, rather than the need to reduce public expenditure.

If this study is capturing the true attitudes of PES employees, there is little reason to believe that employees hold a strong belief in the traditional principles following a 'train-and-place' approach that they might have been

expected to follow in their daily work. The findings suggest that competitive employment is viewed as both possible and realistic for people with moderate and SMI. This is reassuring as such attitudes should prevail from PES staff who are tasked with helping unemployed and disadvantaged people back into the labour market. Nevertheless, a prevocational training approach across the sector and a focus on direct placement into competitive employment without prevocational training or through a stepwise training approach in sheltered working environments still prevails.

The positive attitudes might also suggest that PES employees consider there are employment opportunities for a range of workers with little or no current work history within a labour market which is highly unionised with good job security. This may be partly influenced by prevailing economic circumstances. The unemployment rate has been low in this region over a long period, and there is also growth in employment possibilities, although lower than the median growth in the rest of Norway during the same period.

The findings from our study appear to align with results from Knaeps et al., 2015 that more specialised trained counsellors believe more in competitive employment for people with SMI. Most studies that have examined attitudes towards employment and IPS, have been focused on health and social care staff. This reflects the dominant implementation stance across the world where IPS is delivered by mental health services rather than PES'. The attitudes of health and social care staff has shown that they underestimate people with moderate to SMI' wishes to return to work and their capability to work, along with overestimating the risks connected to work related stress and fears of relapse (Boardman et al., 2003; Brucker & Doty, 2019; Marwaha et al., 2009). Training and exposure to IPS for health staff have been shown to result in more positive attitudes and behaviours towards supporting clients to gain and retain employment (Brucker & Doty, 2019; Craig et al., 2014; Rinaldi et al., 2011).

## 5 | IMPLICATIONS FOR POLICY

Norway has seen a shift in policy from 'train-and-place' to a more evidence-based 'place-then-train' approach. The positive attitudes among PES employees in this study probably reflects that shift in policy. Policies and attitudes seem to be in place to support an upscaling of IPS, but important steps remain. The pathway from attitude to behaviour is still to be investigated, and to enhance a shift in behaviour, several steps might be considered. Practical implementation of IPS requires investment in a system for training, supervision and technical support to achieve good understanding of how well the evidence-based practice has been implemented (fidelity) and its sustainability over time (Isett, 2008). Training, fidelity checks and supervision is currently funded through the PES in Norway but it remains to be seen whether these systems sustain over longer time-periods (Helsedirektoratet og velferdsdirektoratet, 2019). Fidelity monitoring will help understand organisational dynamics and how the principles work in daily practice in PES and in the collaboration between PES and health services. This can support further necessary pragmatic adaption of rules and regulations as well as minimise problems arising from siloed separation of budgets between PES and health. Flexibility in welfare benefits are also issues that policy should address to support further service redesign for people with moderate to SMI. It is possible that people with moderate to SMI might be reluctant to consider work if this means period of financial hardships between work periods. From a wider perspective, the economic case for IPS also needs to be considered as a critical input to plan and prioritise the further upscaling of IPS. If in the long-term IPS can achieve better mental (and physical) outcomes while reducing long-term welfare dependency (Holmås et al., 2021) there are potential economic benefits to both the health sector and PES. Based on the efficacy of IPS for people with moderate to SMI, the approach is rapidly expanding into other client populations around the world (Hellström et al., 2021; Probyn et al., 2021). Research will be critical to the understand whether adaptations or adjustments to the existing IPS principles are needed for these populations.

Furthermore, wider societal attitudes towards mental illness in society may need to be addressed; negative public attitudes towards active labour market interventions like IPS may limit their expansion. It must be remembered



that while supported employment and a right-based approach is supported by employees in PES, social stigma around mental illness in society in general still persists (Brouwers, 2020; Fyhn, 2021).

## 6 | LIMITATIONS

This study has some limitations. First; the attitude checklist applied in this study was developed by us for this project. Secondly; the Cronbach's Alpha was 0.616, indicating this may not be a univariate latent construct with high-internal consistency. There also appears to be a ceiling-effect in the responses, which were more in favour of IPS than the current practice the respondents were expected to follow in their daily work. This may be due to a social-desirability. Third, a vignette with a more severe diagnosis or lower function level would most likely have reduced the support for the IPS principles, hence also reducing the potential ceiling-effect. A vignette with a person with an addiction may, for example, be perceived as more self-inflicted, blameworthy and dangerous and might influence willingness to assist with job seeking and job keeping (Corrigan, 2007). Despite limitations the results clearly show favourable attitudes towards the key principles of IPS reported by a large sample at two time-points over several years and so we believe the results to be valid.

## 7 | CONCLUSION

Attitudes of PES employees appear to be in line with the policy direction of IPS and 'place and train' approaches to vocational rehabilitation in Norway. These attitudes do not appear to have changed significantly over time but in areas where PES employees have training and exposure to IPS, their attitudes are more positive. However, we do not know whether such attitudes translate into behaviours and improved labour market outcomes for people with moderate to severe mental health conditions.

## AUTHORS' CONTRIBUTIONS

Beate Brinchmann and Arnstein Mykletun devised the study. Beate Brinchmann extracted the data, and together with Elisabeth Sandtorv and Arnstein Mykletun conducted the analysis. Beate Brinchmann, Miles Rinaldi and Arnstein Mykletun interpreted the results and discussed the analysis and the visualisation of the analysis with Eóin Killackey, Cathrine Fredriksen Moe and David McDaid. Beate Brinchmann wrote the manuscript. All authors read and contributed to subsequent versions, and approved the final version of this manuscript.

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## CONFLICT OF INTEREST

There are no financial or non-financial competing interest from the authors of this article. First author work with the implementation of the individual placement and support approach in the geographical area where this survey was conducted. There are no gains connected to the results of the study.

## DATA AVAILABILITY STATEMENT

The handwritten responses of the questionnaires will not be shared. The data that support the findings of this study are available from the corresponding author upon reasonable request.

## ETHICS STATEMENT

The study conforms to the principles outlined in the Declaration of Helsinki. The regional ethics committee approved the study (2012/2239). The study is approved by the Data Protection Officer at Nordland Hospital Trust. All participants who answered the questionnaire received verbal information about the study and the purpose. Participation was voluntary, with no personally identifiable data, and the ethics committee approved the study without collecting consent.

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