

Supported Employment and Substance Use Disorder (SUD)

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Why Focus on Work for People with SUD?

- **Most people with SUD want to work**
- **Being productive is a basic human need**
- **Working can be a way out of poverty**
- **Work is motivating and stabilizing**
- **Most see work as a key part of recovery**
- **Work is good treatment**

Impact of Competitive Employment on Health and Well-Being

- **Work benefits employee well-being**
 - **Good job fit**
 - **positive workplace environment**
- **Benefits even if working as little as 8 hours/week**

(Modini, 2016; Kamerāde, 2019)

Impact of Competitive Employment

Work for People with Behavioral Health Conditions

- **increased self-esteem,**
- **improved financial security,**
- **reduced mental health symptoms,**
- **less social isolation,**
- **reduced substance use, and**
- **reduced health care costs**



Job Loss and Extended Unemployment

- **Job loss leads to demoralization, lowered self-esteem, social isolation, depression, suicide, substance abuse, health issues**
- **Huge impact on earnings, in both short and long term**
- **Return to work increasingly difficult as time passes**
- **Some laid-off workers never return to employment**



Unemployment and Disability Benefits

- **With unemployment, applications for disability benefits surge**
- **During Great Recession of 2008, one million unemployed workers applied for SSDI and over 400,000 new beneficiaries joined disability roles**
- **The *disability trap* (not working to avoid losing benefits) becomes a problem**

Individual Placement and Support

- **IPS is evidence-based supported employment**
- **Simple, direct, inexpensive, effective**
- **Examples**

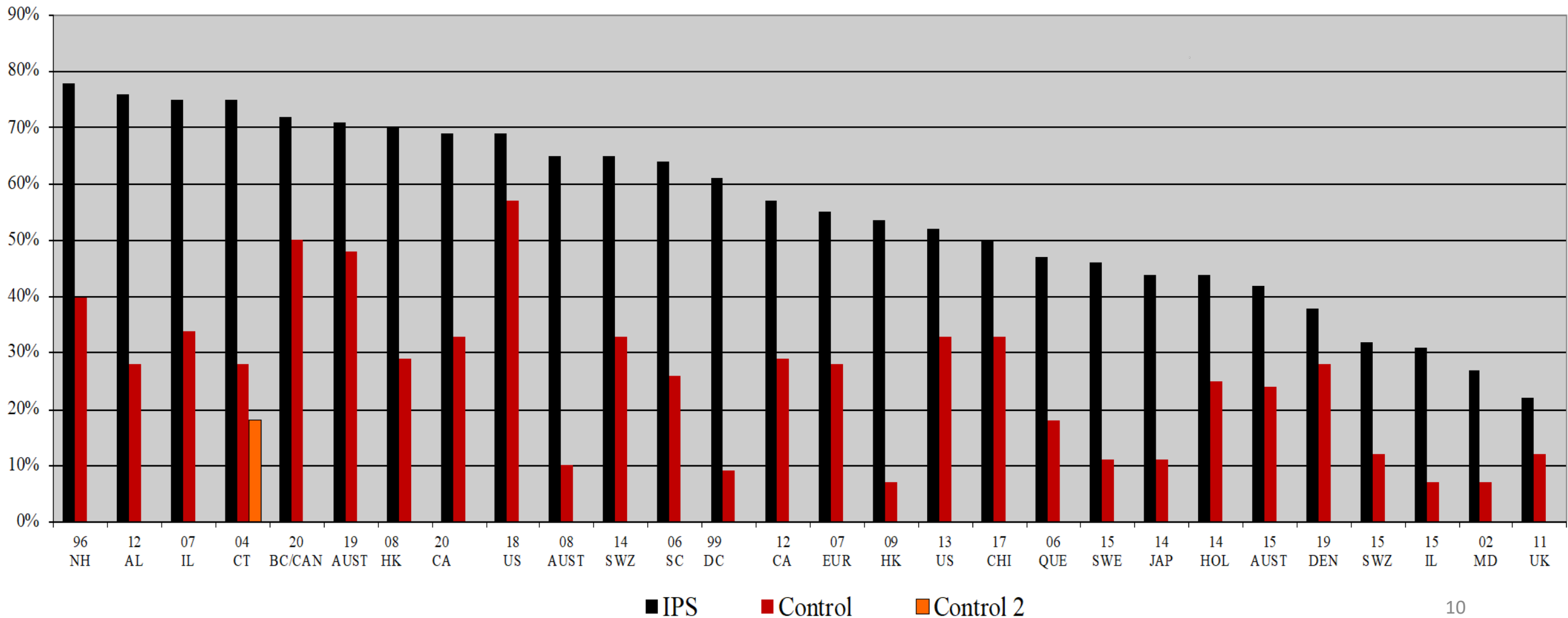
IPS Principles

- **Anyone who wants to work**
- **Competitive employment**
- **Rapid job search**
- **Targeted job development**
- **Client preferences**
- **Individualized long-term supports**
- **Integrated with treatment**
- **Benefits counseling**

Research from 28 RCTs

- **All employment outcomes improve**
 - **Job, tenure, hours, wages, satisfaction**
 - **60-80% success in US studies**
 - **2 or 3 times greater than controls**
- **Other outcomes also improve**
 - **Income, mental health service use, self-esteem, quality of life, community integration**

Competitive Employment Rates in 28 Randomized Controlled Trials of IPS



Other Employment Outcomes

- **33% fewer days to first job**
- **Four times as many weeks worked during follow-up**
- **Triple the earnings from employment**
- **Triple the number working 20 hours/week or more**
- **Greater job satisfaction**

(Bond, et al., 2020)

Diversity, Equity, Inclusion

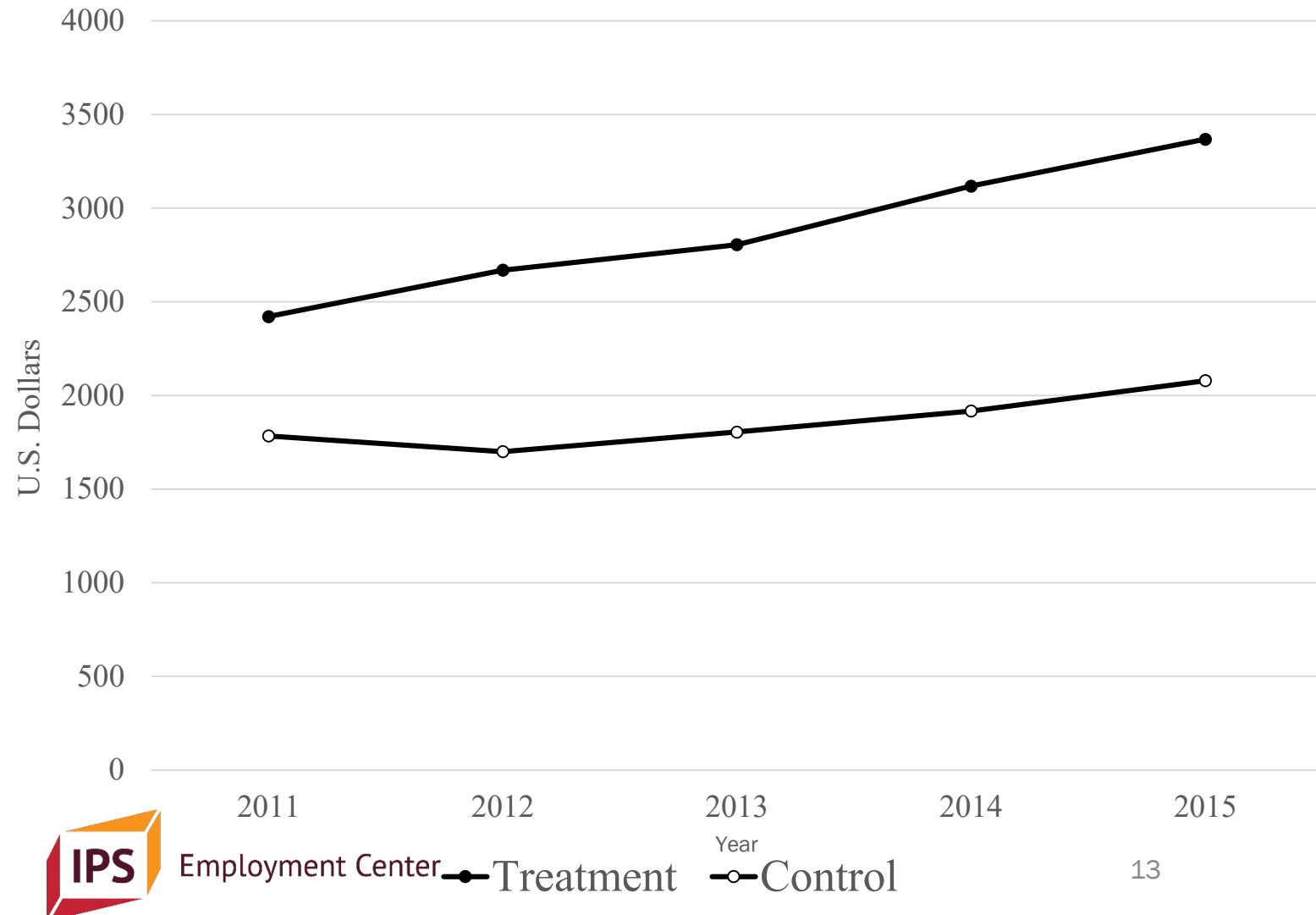
- All groups benefit, co-occurring SUD
- Black/African American, Latinx
- Rural and urban
- 20 countries across four continents

Long-Term Outcomes from Mental Health Treatment Study for 2,055 Disability Beneficiaries (SSDI)

(Baller et al., 2020)

- Long-term follow-up in RCT comparing Treatment (IPS) to Control (no services)

Means for annual earnings during 5-year follow-up after end of 2-year study



New Populations

- Research completed or underway for people with:
 - Substance use disorder
 - Autism spectrum disorder
 - Intellectual disabilities
 - Physical disabilities
 - Veterans with PTSD
 - Felony convictions leaving jail or prison

IPS Effectiveness in Subgroups

- People with justice involvement (3 studies)
- People receiving disability benefits (4 studies)
- People with co-occurring mental illness and substance use disorder (many studies)
- Homeless people with mental illness (3 studies)
- Primary care, PTSD, IDD, OCD
- Young adults (many studies)

IPS for People with SUD: Modifications

- **Integrated treatment**
- **Treatment culture**
- **Job choice**
- **Money management**
- **Supports for individual and employer**
- **Different paths to recovery**

IPS for People with SUD: Evidence

- **Co-occurring SUD: many studies**
- **Primary SUD: many pilots**
- **One trial in methadone program**
- **UK national trial: complete**
- **Norway Oslo trial: in progress**
- **US BEES trial: starting**
- **US NextGen trial: starting**

Scaling Up IPS

How do we close the gap?

- **2% of clients in public mental health system**
- **1% of people with a behavioral health condition**
- **Despite interest in work!**

Current Barriers

- **Funding**
- **Braiding funds from multiple sources with different regulations**
- **Fragmentation at federal, state, local levels**
- **Lack of service integration**
- **Other philosophies**

Suggestions for Improvement

- **Focus on social determinants of health**
- **National Learning Community: over 1,000 IPS programs**
- **Simple funding mechanism at federal or state level**
- **Employment first philosophy**
- **Integrated treatment**
- **Eliminate ineffective services**
- **Focus on prevention, treatment, and recovery**

Overall Conclusions

- IPS improves competitive employment outcomes for people with many conditions
- Employment leads to better outcomes of many kinds
- Major studies of SUD population in progress

Work is the best treatment we have!

Financial Support

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- **Gifts: Natalia Foundation, Segal Foundation, Thomson Foundation, Vail Foundation, West Foundation**

Resources

- <https://ipsworks.org>
- **Manuals, fidelity scales, research updates**
- **Online courses for practitioners, supervisors, and VR counselors**
- **In-person courses on leadership, training, technical assistance, implementation, IPS Fidelity**
- **Research opportunities**
- SusanMorris@westat.com