

The Importance of Keeping the IPS program in headspace

My name is Lorelle Taylor and I currently manage the Individual Placement and Support (IPS) trial at headspace Hobart. I have a BA with a double major (Psychology and Human Resource Management) and a Master of Rehabilitation Counselling. Previously, I worked for CRS Australia (formerly the Commonwealth Rehabilitation Service – now closed) and was involved in their IPS trial (approximately 2013), as well as their DES program. Consequently, I feel that I am well-placed to give my perspective about the importance of keeping the IPS program in headspace sites and the long-term value for money that this program provides.

There are clear links between youth mental ill-health and difficulties with education and employment. One can impact the other. As outlined in the Australian Government Department of Social Services Disability, Mental Health and Carers Programme Community Mental Health Individual Placement and Support Trial Operational Guidelines (October 2016): “Mental illness often first occurs in adolescence and early adulthood. It is estimated that about 75 per cent of mental health disorders have developed by the age of 25. Mental illness for this group can therefore impact negatively on educational attainment and transition to the workforce, leading to poor employment outcomes. Many teenagers and young adults with a mental health condition do not complete Year 12, and are at high risk of long term labour market disadvantage and of welfare dependency.”

According to the above mentioned document, the Australian Government funded the IPS trial to help “address the additional barriers to employment faced by this cohort” and the “results of the IPS Trial will be used to inform future policy for the delivery of appropriate and targeted vocational assistance for young people experiencing mental health issues.”

KPMG, in their Final Report for the Evaluation of the Individual Placement and Support Trial (June 2019), state that “the headspace setting was seen as highly appropriate for facilitating engagement with the target cohort with the environment being youth friendly and supportive, and the co-location facilitated the integration of Vocational Specialists with clinical teams.”

Seeking help is often the biggest barrier for young people, when they are managing their mental health. The successful brand awareness of headspace addresses this barrier. Young people come to headspace centres, either referred or walk-in, because of this respected brand which means they participate voluntarily, so are more receptive to other support on offer.

Having the IPS in headspace sites, offers value for money. headspace is an evidence-based centre of excellence in youth health design, with an appropriate clinical governance framework in which to embed the IPS program. Participants in the headspace IPS are referred by their clinician, thereby giving a one-door wrap around service to the young person. Some headspace sites, such as Hobart, offer support with sexual health and alcohol and other drugs. These services can be provided in consultation with the young person’s clinician and IPS worker. There is no need for external referral.

By targeting headspace clients and supporting them to achieve their vocational goals whilst learning to manage their mental health, **headspace based IPS can change the trajectory of young people’s lives.** As per the Australian Government Department of Social Services Disability, Mental Health and Carers Programme Community Mental Health Individual Placement and Support Trial Operational Guidelines (October 2016), the headspace IPS “improves the educational and employment outcomes of young people with mental illness up to the age of 25, who are at risk of disengaging from education or employment and who are at risk of long-term welfare dependency.”

While traditional job providers have limited time and resources, headspace IPS have time to tailor programs to suit the individual, thereby ensuring better outcomes. (NOTE: the draft productivity report refers to a caseload of 25 participants. According to the IPS fidelity model, an evidence-based model which has been in use around the world for over 20 years, the caseload should be 20 per FTE or less. In fact, research supports an optimum number around 15 to 17. The IPS Fidelity Scale for Young Adults, Version of 3-27-19, a Scale recommended for IPS teams serving clients aged 15-26 scores a 5 for 15 participants or less. This is due to the high intensity of the program.) The headspace model is a recovery model and the aim of the headspace IPS is to support participants to achieve their vocational goals whilst managing their recovery. By tailoring a program to the individual, and ensuring that their needs are met, the IPS supports the recovery of the participant. This ensures better outcomes and a practice which is clinically sound.

It is my experience that young people with mental health issues often have a diverse range of barriers to employment and study. They benefit from having someone working with them who can offer individualised support and help them to reach their goals. The feedback that I have had from our participants' clinicians is that having the practical support that the IPS offers helps the young person to move forward while focusing on strategies to help them manage their mental health. The two work in parallel: IPS and clinical support. Clinicians have told me that IPS workers offer a "different lens" on their young clients, "which is very useful" in supporting the YP's recovery.

I would like to conclude with a few examples of young people who have benefitted from the IPS being based at headspace. The examples are quite typical of the participants we have worked with :

Example 1 (19 years old):

The young person (YP) was referred to the IPS by their Clinical Psychologist for assistance with finding employment, as she felt that unemployment was a major factor in the YP's mental health issues and had caused them difficulties with their parents. The YP had completed year twelve the previous year and had never worked. The YP had been attending headspace to manage their anxiety, which they reported was related to being unemployed. As both parents were working, they were not entitled to a benefit, therefore did not have the support of a job provider. With the practical supports (including; transportation and support to talk to employers, job seeking and interview skill coaching, and moral support) of the IPS, the YP was working within a couple of months and reporting that their anxiety had decreased to a manageable level.

Example 2 (24 years old):

The Young Person (YP) was engaged with headspace for assistance to manage anxiety, depression and social phobia. The YP had completed year 10 and attempted year 11 several years prior. They were with a DES job provider who had organised volunteer work for them, but the role was not a good match for them and had increased their anxiety. The YP reported that they felt they had "not done anything for the last four years" and that they were very frustrated and disappointed with themselves. The YP had no family support and lived alone – they rarely went out. They had no driver's licence. They were trying to manage a physical injury and, although referred by the headspace GP to a physiotherapist, they had been too anxious to follow this up.

After two years in the headspace IPS, working closely with the headspace clinician, the YP has engaged with a physiotherapist and made a full recovery, commenced a community based learn to drive

program, completed a TAFE Preparation course, a Certificate II in Skills for Work & Training and a vocationally focused Certificate III and is currently working. They report that they no longer require psychological support.

Example 3 (21 years old):

The Young Person (YP) was referred by their Clinical Psychologist at headspace. The YP lived at home with both parents and had completed year 12. The YP reported a family history of mental health issues. The YP reported a long history of depressive symptoms and had felt suicidal. They reported self-esteem issues. The YP reported that they were not entitled to Centrelink benefits, consequently not entitled to support in finding employment. Although, the family was loving, they did not have the capacity to support the YP in their job search.

The YP was coached in targeting their resume and supported to cold canvass employers. They were successful in finding casual employment. However, the business closed shortly afterwards and they again sort support. This time, they were much more confident and found a job fairly quickly. They left the IPS reporting that they were feeling much more in control of their life.

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