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Approaches to implementing individual placement and support in the health and welfare sectors: A scoping review protocol

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1 **Approaches to Implementing Individual Placement and Support in the health and**
 2 **welfare sectors: a scoping review protocol**

3 **Introduction**

4 A key challenge faced by the global health community is how to use evidence- based practices within
 5 a real-world setting. ¹ The practice gap is a realization of the gap between the way practitioners act and
 6 the best evidence about how people should practice, influencing the outcomes for service recipients.
 7 Implementation studies have received considerable attention over the last decades, drawing from the
 8 focus on the use of research evidence in clinical practice. ² For the purpose of this review,
 9 implementation is defined as “a specified set of activities designed to put into practice an activity or
 10 program of known dimensions”. ^{3 (p.5)} According to this definition, implementation is a planned and
 11 purposeful process, with active ingredients that push the implementation forward. An implementation
 12 process should be geared toward overcoming barriers, and making use of known facilitators in the
 13 environment or context. ²

14 The usual challenges of establishing new services from other settings are mismatches between the
 15 characteristics of the new population, the local community and the original programme. Particular
 16 objectives, approaches or activities may be too politically charged or controversial for the new local
 17 community, or they may be irrelevant in the new setting. It is also possible that an agency may lack the
 18 funding, staffing, expertise or other resources needed to implement the program as it was originally
 19 designed. ⁴

20 Using existing scientific knowledge and translating into routine clinical care is challenging. This is
 21 also the case with Individual Placement and Support (IPS), which is a standardized approach of
 22 supported employment, designed to support people with severe mental illness to gain and maintain
 23 competitive jobs in the labor market. Eight evidence-based principles underpin the IPS approach: 1)
 24 focus upon competitive employment, 2) eligibility based on client choice, 3) integration between mental
 25 health and employment services, 4) support guided by clients preferences, 5) personal financial
 26 counseling, 6) rapid job search, 7) systematic job development, and 8) time-unlimited, individualized
 27 job support. ⁵ The IPS approach is internationally recognized as being an evidence based practice, and
 28 the most effective and efficient way of providing support. ⁶⁻⁸ Still, to our knowledge, no country has
 29 successfully implemented IPS as a mainstream service delivery across a whole country. The IPS
 30 approach is official policy in some countries (e.g. England) and some regions (e.g. in Spain and Italy),
 31 but the degree of implementation varies. ⁹ The context in which IPS is provided varies. Often, agencies
 32 from the health and welfare sectors collaborate, purposing to integrate vocational and clinical
 33 interventions. For the purpose of this review, sectors includes all services, agencies and providers
 34 involved in IPS.

35 It is well documented that the employment rate for individuals with severe mental illness is very low
 36 ¹⁰⁻¹⁴, six to seven times lower than for people with no mental disorder.¹⁵ Reviews of mental health and
 37 employment policies in OECD (Organisation for Economic Co-operation and Development) countries

38 highlight shortcomings in the way OECD countries address sick leave, disability and joblessness among
 39 persons with mental health conditions¹⁶ This is a challenge for societies, but first of all for individuals
 40 reporting that work is often essential to their recovery.¹⁷ There are numerous benefits of employment
 41 for individuals with severe mental illness ^{18, 19} including financial benefits, improved self-esteem,
 42 improved well-being, improved social contacts and independence.²⁰⁻²³ As a result, it is not surprising
 43 that the majority of people with severe mental illness consistently report that they want to work.^{14, 24}
 44 Therefore, there is reason to be concerned about the gap between the evidence based practice and
 45 the lack of implementation in routine clinical care.

46 To gain an understanding of the gap between research and practice, this scoping review will focus
 47 on the attempts to implement IPS for people with mental health conditions. The implementation process
 48 has been described in existing studies (e.g. ²⁵⁻²⁸). A variety of challenges to implement IPS have been
 49 reported ^{29, 30} with barriers identified at both the contextual and individual level. Key challenges are at
 50 the contextual level, for instance, due to the lack of stable funding to support IPS ³¹ and that IPS services
 51 require collaboration between different agencies, which can be problematic because of different
 52 regulatory structures, incentives and goals. ³² Other challenges are organizational factors, and the
 53 cultural friction that can exist within and between departments and organizations, such as between the
 54 health and welfare sectors. Modifications to organizational culture are fundamental in the development
 55 and sustainability of new and innovative services ³³

56 Participants in the implementation processes are heterogeneous groups of stakeholders. A
 57 preliminary review of the existing literature shows participants to be managers from health and welfare
 58 sectors, project leaders, practitioners, decision makers, employment specialists, service users and
 59 more.^{25, 34} This scoping review will embrace any stakeholders/actors involved in the implementation
 60 process, both employees from the health and welfare sectors, those delivering IPS and receivers of IPS
 61 services.

62 To promote the implementation of this evidence based practice, an overview of the existing
 63 knowledge of attempts to implement IPS internationally, including facilitators and barriers for the
 64 implementation process will be reviewed. To continue the knowledge development within this field, we
 65 also need an overview of theoretical frameworks and methodological approaches used within the
 66 existing implementation studies. A preliminary search of PROSPERO, PsycINFO, MEDLINE (Pubmed),
 67 the Cochrane Database of Systematic Reviews and the JBI Database of Systematic Reviews and
 68 Implementation Reports revealed few existing reviews on this topic. No scoping reviews were available
 69 or currently under development. There are several reviews investigating the efficacy of IPS. For the
 70 implementation process, previous reviews have focused on a specific country or an area within a
 71 country such as England, ²⁷ Australia and New Zealand.³⁵ One systematic review is identified
 72 investigating the international literature on the implementation of IPS.³⁰ The review identifies facilitators
 73 and barriers to implementation. The authors sought to evaluate research on IPS implementation, and
 74 gain an overview of the methods and theories used. The searches were conducted in 2013 (and
 75 subsequently in April 2015). This scoping review will differ from the Bonfils, Hansen review ³⁰ by adding

76 participants to the searches. Internationally the development of IPS has grown rapidly and a new review
77 is appropriate.

78 The objective of this scoping review is to identify and map existing evidence/knowledge on the
79 methods and approaches used to implement IPS at scale in the health and welfare sectors, the
80 frameworks and methodological approaches used in implementation studies, as well as identifying
81 knowledge gaps that are important for further research.

82 **Review Questions**

- 83 • Which methods and approaches are used to implement IPS at scale in the real world?
- 84 • Which factors enable the move from a project to mainstream practice for IPS?
- 85 • In what context (specialist healthcare setting, primary healthcare setting, welfare setting) is IPS
86 provided?
- 87 • What is /are the implementation framework(s) used in the IPS implementation literature?
- 88 • Which methodological approaches are used in existing implementation studies?

89 **Keywords**

90 Implementation; Individual placement and support, supported employment; vocational rehabilitation;
91 mental illness.

92 **Inclusion Criteria**

93 This review will include studies meeting the following eligibility criteria:

94

95 **Participants**

96 This review will include studies reporting on the implementation of IPS for people with mental health
97 conditions (not only severe mental illness). Recent IPS studies have included patients with moderate
98 to severe mental illness (i.e Reme et al. ³⁶). We believe the implementation process will share similarities
99 independently of the severity of the mental health condition of those receiving IPS. This review will
100 further include studies that focus on the implementation process of IPS, reported by heterogeneous
101 stakeholders. We have defined two groups of participants for this scoping review: 1) health and welfare
102 employees (e.g managers, project leaders, practitioners, decision makers or employment specialists)
103 and 2) IPS receivers (clients, job seekers, patients).

104

105 **Concepts**

106 This review will include studies that focus on the concepts of implementation and IPS. Implementation
107 is part of a diffusion-dissemination-implementation continuum, where implementation is the process of
108 putting to use or integrating new practices within a setting ³⁷. For this scoping review, implementation

109 is “a specified set of activities designed to put into practice an activity or program of known
 110 dimensions”.^{3(p.5)} Implementation should result in the faithful translation of research based evidence into
 111 mainstream practice at scale. An evidence based scale-up will “target health delivery units within the
 112 same, or very similar settings, under which the intervention has already been tested”.^{38 (p.3)}

113 Individual placement and support is a standardized approach of supported employment, designed to
 114 support people with mental health conditions to gain and maintain competitive jobs in the labor market.
 115 The IPS approach is both interprofessional and intersectoral. Two IPS Fidelity Scales, exist to measure
 116 program fidelity and validity.^{39, 40} Each scale assesses the critical ingredients of IPS, based on its
 117 underlying principles and methods. The scale items provide concrete indications that the practice is
 118 being implemented as intended. The IPS fidelity scales’ measure the adherence to the principles of
 119 IPS and are key factors in ensuring the success of the IPS practice.⁴¹ Studies included in this scoping
 120 review may report on fidelity scale measurement, to ensure their adherence to the IPS model.

121

122 **Context**

123 Internationally, there are considerable differences between health and social care, employment
 124 services and welfare systems.⁴² The intervention of IPS integrates psychiatric treatment with welfare
 125 and employment services. Still, IPS can be implemented within different contexts – in the majority of
 126 countries the health sector has led the implementation of IPS whilst in other countries the welfare sector
 127 has led implementation. This review will include studies where IPS is provided within a health and/ or
 128 welfare sector setting (e.g specialist health care (psychosis unit), primary health care (municipal mental
 129 care) or social/welfare services (employment office)). The concept of health and welfare sectors
 130 includes all health, social and welfare services. Additionally, a sector includes contexts outside the
 131 clinical setting, such as bureaucratic and professional offices.

132

133 **Types of Sources**

134 This scoping review will consider research with different study designs, including (but not limited to),
 135 case control studies, qualitative studies, pragmatic or naturalistic trials, quantitative studies and mixed
 136 method studies. Randomized controlled trials (RCT) will be excluded as we are searching for studies
 137 in a non RCT-environment to be able to explore the transition from research to mainstream, “real-world”
 138 practice. This scoping review will consider research presented in research articles, editorials and feature
 139 articles in peer reviewed journals. Grey literature such as political documents, government
 140 recommendations, service delivery reports, theses and conference abstracts will be considered.
 141 Studies published since 1993 will be included as to the best of our knowledge, no IPS implementation
 142 studies have been reported before that year.⁴³

143 **Methods**

144 The proposed systematic review will be conducted in accordance with the Joanna Briggs Institute
145 methodology for scoping reviews.⁴⁴

146

147 **Search strategy**

148 We will follow a three-step search strategy to trace published studies by including:

149 1) An initial limited search in PROSPERO, MEDLINE (Pubmed), CINAHL and PsycINFO to identify
150 relevant key words and search terms used in titles and abstracts in studies published within the topic.

151 2) Based on search terms identified in the initial search, specific search strategies will be developed
152 with assistance from a librarian, to fit with the following databases: MEDLINE (Pubmed), Cochrane
153 central register of controlled trials, Embase, PsycINFO, Base, OpenGrey and CINAHL, from 1993 to
154 the present.

155 3) The reference lists of all included studies will be searched and a citation search of included studies
156 will be performed through Google Scholar in order to identify eligible studies that may not have been
157 found through the previous search strategy. Authors of included studies will be contacted if further
158 information about the study is required.

159 The preliminary search strategy for Medline is presented in Appendix 1 and includes search terms
160 related to participants (Health and welfare sector employers and IPS recipients) and concept
161 (Implementation and IPS). As the context is “any context”, we don’t include the concepts in the
162 searches. Relevant MESH terms and headings will be identified and used where required. The
163 language may change slightly depending on the database, however the main key words will be used
164 throughout. Only English search terms will be used in the search strategies.

165

166

167 **Study selection**

168 Following the searches, all identified citations will be uploaded into EndNote X 7.8 (Thomson Reuters,
169 2016) and duplicates removed. One reviewer (CM) will perform an initial screening of titles and
170 abstracts, and exclude studies that clearly do not meet the inclusion criteria. Titles and abstracts will
171 then be uploaded into Rayyan⁴⁵ and screened by two independent reviewers (CM and BB) for
172 assessment against inclusion criteria for the review. Studies not meeting the inclusion criteria will be
173 excluded.

174 Potentially relevant studies will be retrieved in full text and assessed in detail against the inclusion
175 criteria by two independent reviewers (CM and BB). Reasons for exclusion of full text studies that do

176 not meet the inclusion criteria will be recorded and reported in the scoping review. Any disagreement
177 that arise between the reviewers at each stage of the study selection process will be resolved through
178 discussions or by involving a third reviewer for consensus (MR or AM). The results of the searches will
179 be reported in full in the final scoping review and presented in a Preferred Reporting Items for
180 Systematic Reviews and Meta-analyses (PRISMA) flow diagram. ⁴⁶

181

182 **Data Extraction**

183 Data will be extracted from papers included in the scoping review by two reviewers (CM and BB), using
184 data extraction tables developed by the reviewers (Appendix II). The data extracted will include specific
185 details about the population, concept, context, study methods and key findings relevant to the review
186 objective. Furthermore, findings that are considered relevant for the objective of this review will be
187 charted, including information on methods, strategies and activities to put IPS into practice. The draft
188 of data extraction tables will be modified and revised as necessary during the process of extracting data
189 from each included study to leave openness for inclusion of additional unforeseen data that can be
190 relevant for our inquiry. Modifications will be detailed in the full scoping review report. Any
191 disagreements that arise between the reviewers will be resolved through discussion, or with a third
192 reviewer (MR or AM). A qualitative content analytical technique will be used to facilitate the mapping of
193 the results. One reviewer (CM) will conduct the analysis in cooperation with the rest of the review team.

194 **Data Presentation**

195 The extracted data will be presented in diagrammatic or tabular form in a manner that aligns with the
196 objective of this scoping review. A descriptive summary will accompany the tabulated and/or charted
197 results and will describe how the results relate to the reviews objective and question.

198 **Conflicts of interest**

199 None of the authors participating in the review have any conflicts of interest.

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202

203

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