

Are “place and train” principles suited to support people with severe mental illness into work? A questionnaire-based survey in a public employment service

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Research

Keywords: Individual Placement and Support, attitudes, barriers, implementation

Posted Date: January 18th, 2021

DOI: <https://doi.org/10.21203/rs.3.rs-145927/v1>

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Abstract

Background

Individual Placement and Support (IPS) has repeatedly been reported to increase employment rates in patients with severe mental illness. Despite this, IPS is only available to a small minority. Translation from evidence to practice is often slow and hindered by a variety of barriers. Barriers include organizational, contextual and attitudinal factors. Despite evidence, many believe that people with severe mental illness are generally dangerous, in need of rest and at risk of harm from work-related stress. Such stigma fosters negative attitudes that may constitute significant barriers to employment for people with mental illness. Employees in the Norwegian Labour and Welfare Administration hold important gatekeeping positions in relation to the employment schemes that people with mental illness are offered. The aim of this study was to measure the attitudes of these employees towards the core principles of IPS. Secondly, we examine whether attitudes change for Labour and Welfare Administration employees exposed to IPS practice.

Methods

A case vignette describing a person with severe mental illness and statements referring to this vignette was developed. The survey was administered to a sample of employees at two different timepoints four years apart. The respondents were asked to indicate their attitudes on a six-point Likert scale between statements in accordance to IPS and statements in accordance with treatment as usual. Independent two tailed samples t-tests were used to analyse differences between responses between employees in municipalities with IPS experience, compared to municipalities without. Multiple linear regressions with attitudes as dependent variable, were used to test if attitudes changed over time, dependent on exposure to IPS.

Results

Attitudes were in general more aligned with IPS than current practice. The region with exposure to IPS was associated with more favorable attitudes ($p < .01$). The development in attitudes to IPS were minimal over time and did not differ between IPS regions and regions without.

Conclusions

Attitudes of statutory Labour and Welfare employees will not be a substantial barrier for implementation of IPS. This is a necessary but not sufficient requirement for IPS implementation.

The regional ethics committee approved the study (2012/2239).

Background

Mental disorders are a leading reason for incapacity benefits and sickness absence in many high-income countries [1, 2]. This has been an increasing problem over the last decade with growing costs not only for the individual, but also for employers and society as a whole [3]. The OECD identified the need for the transformation and service redesign of existing pathways to support people with mental health conditions into work rather than onto incapacity benefits and disability [4]. There are some general recommendations for return to work interventions or service redesign for people with mental disorders, and some factors are emphasized by the OECD across diagnosis and approaches. Individualized support and integrated solutions, although difficult to achieve [5, 6] are emphasized both for common mental disorders and severe mental illness [7, 8]. For severe mental illness, the vocational rehabilitation approach of Individual Placement and Support (IPS) emphasizes the integration of vocational and clinical interventions. A recent meta-regression including more than 6000 people, found that IPS increases the likelihood of achieving competitive employment two-fold compared

to current practices [9]. The efficacy of IPS is well established [10, 11], but despite this, the intervention is not scaled up as standard for people with severe mental illness anywhere in the world [12] IPS is evidence-based, not just regarding efficacy, but also in its focus on service-users' needs and preferences, it is well-defined and structured, and it differs on several important principles from more traditional forms of vocational rehabilitation. Traditional vocational services typically focus time and resources on training people to develop new skills in segregated and sheltered environments before attempting to help individuals gain employment – often referred to as 'train and place' approaches. In contrast, the primary goal of IPS is to directly find a job and then to provide continued support to enable the individual to retain that job – a 'place and train' approach. The IPS approach integrates the vocational intervention with an individual's clinical treatment. Another important principle is the emphasis on an individual's own employment goals and preferences, and experience through relevant competitive employment instead of preparation through a step-wise approach [13]. In regard to people with severe mental illness, direct placement into competitive employment might be experienced as challenging among personnel within statutory Labour and Welfare administration organisations. Such organisations are used to following defined rules and regulations often in accordance with 'train and place' approaches to vocational rehabilitation when it comes to people with scarce employment experience or long term unemployment [14].

The translation and implementation of the IPS evidence based principles into routine settings might be hampered by different barriers at a national, regional and local level [15, 16], and these barriers can also change dependent on implementation phase [17]. Within the IPS literature, attitudes of mental health professionals have been an identified barrier to effective implementation [15, 18, 19], but few studies have investigated attitudes among personnel within statutory Labour and Welfare Administration. A meta-ethnographic review including studies from Scandinavia, UK, Australia and Canada, reported that social workers did not feel that IPS fitted the welfare systems rules and regulations and were skeptical about the IPS-process towards competitive employment [20]. It has been reported that employees in social security gatekeeping positions, see less benefit and more barriers regarding competitive work than the advisors who work with specialized vocational rehabilitation [21]. In Norway, employees in the statutory Labour and Welfare Administration organisation (NAV) have traditionally been social security gatekeepers but have increasingly also taken over the more specialized vocational advisors' role. Employees in the Labour and Welfare Administration may have both negative and positive attitudes to IPS. On the positive side, they may embrace IPS due to the evidence on efficacy [10]. It is also possible that IPS may be rejected as it challenges current practices and beliefs, potentially threatening current working methods, roles, hierarchies, power structures, and perhaps even jobs. More studies on implementation of supported employment models in the traditional vocational rehabilitation context are warranted [22].

Eventually scepticism towards IPS and its key principles has potential to hamper implementation of IPS [23, 24]. In addition, attitudes of professionals influence jobseekers' beliefs and motivation in finding and managing competitive work [25]. Professionals who favour traditional vocational rehabilitation principles could limit the effectiveness of creating new pathways into work for people with severe mental illness.

Aim

There are two aims of this study: First to examine the attitudes of employees in the Labour and Welfare Administration towards the key principles for IPS. Secondly, we examine whether these attitudes change over time for employees exposed to IPS practice.

Methods

Setting

The context of this study was the implementation of IPS in Bodø city in Nordland county in Norway. Nordland County is geographically placed in the northern part of Norway, and Bodø is the capital and largest city in the region, with 50 000

inhabitants. Other municipalities in Nordland county, where IPS was not yet implemented, were included as reference group. Nordland County has 44 municipalities, with 43 of these having their own statutory Labour and Welfare Administration offices. These offices represent Norway's Public Employment Services, 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, which had increased to 480 employees in 2017. Traditionally there has been little coordination between these labour and welfare offices and mental health services to support individuals with severe and enduring mental health conditions into work. The traditional way of working has been a step-wise train and place approach [26], similar to the control arm in IPS efficacy trials. Prior to 2013, there was no IPS activity in Nordland County. In 2013, the Labour and Welfare Administration office, along with the mental health service in the municipality of Bodø, began implementing IPS and employed three full-time IPS employment specialists. Between 2012 and 2017, all the employees both in health and NAV in Bodø were trained in the principles of IPS, and several local meetings and seminars about work and mental health were organized. The IPS program had three independent IPS fidelity reviews during this period: first in September 2013 scoring fair fidelity, and the second and third scored good fidelity. The rest of the county did not start implementing IPS before 2017.

Questionnaire

A questionnaire was developed based on the eight key principles of IPS. The questionnaire began with a case vignette about a hypothetical patient "Line" and continued with statements with reference to this vignette (text box 1). Eight paired statements were developed according to the eight key principles for IPS (Figure 1). 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 Labour and Welfare Administration, and in accordance with 'train-and-place' approaches to vocational rehabilitation.

Insert Text box

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. The respondents were asked to read the case vignette and respond to the statements marking on the Likert scale which best indicated their view. On 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 questions 1,3,4,5,6 and 8, indicated attitudes more in accordance with usual practice. To check conceptual validity, as part of questionnaire development a focus group was conducted with representatives from the local labour and welfare offices which further refined the questionnaire.

Insert Figure 1

Design and participants

The survey was conducted first between September and October 2013, and then again in May 2017. Survey data were collected in the context of meetings and seminars, or distributed by the office managers at each of the 43 offices. At the seminars, one of the authors collected the responses with help from personnel from NAV. When the survey was completed in the local offices, the local office managers sent the responses to the researchers by post. Completing the survey was voluntary and anonymous.

Statistics

Data were analysed by Stata version 15 [27]. 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 where IPS was implemented and areas without IPS experience. 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 exposure to IPS. 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 implementation area.

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 standardized items for the sum score was 0.616. In Figure 2, responses are illustrated with histograms. The "no IPS group" is visualised as grey bars in the histogram, and employees in the municipality with IPS are visualized as black bars. The confidence intervals are illustrated in Figure 2 and Table 1. The statements consistent with the key IPS principles are on the right side of the figure, and the statements that are inconsistent with IPS principle are on the left. Respondents reported attitudes in favour with the IPS principles, and in opposition 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 one that revealed a neutral attitude between opposing statements.

The total sum-score for attitudes were in favour of the IPS principles with mean scores of 4.98 in municipalities without IPS and 5.18 with IPS in 2013. Attitudes changed in a less favourable direction seen from an IPS position from 2013 until 2017. In 2017, the average was 4.62 in municipalities without IPS and 4.97 with IPS. The difference in average attitudes between regions with and without IPS were statistically significant both in 2013 and 2017 ($p<.01$). The decrease in favourability towards IPS was also statistically significant ($p<.001$). There was no time by place interaction in the development of attitudes (all $p>0.05$), thus the trends were parallel in areas with and without IPS (Table 1).

Discussion

This survey among employees in the statutory Labour and Welfare administration organisation suggest attitudes in strong favour of the key principles in a 'place and train' approach. The positive attitudes are statistically stronger in the municipality with training and practical IPS-experience, compared to the municipalities without. All municipalities show statistically significant decrease in positive attitude towards these principles after 4 years, with the strongest decrease in the area without IPS-experience. However, the scores are still positive as defined by the scale. There is no statistical difference between the two groups for how attitudes changed dependent of time and experience of IPS.

If this study is capturing the true attitudes of statutory labour and welfare administration employees, there is little reason to believe that employees holds strong beliefs in the traditional principles following a "train and place" approach that they are expected to follow in their daily work. The findings suggest that competitive employment is seen as possible and realistic for people with severe mental illness. This is reassuring as such attitudes should prevail from professionals who hold the task of helping unemployed and disadvantaged people back into the labour market. Still, the sector mainly employs a prevocational training approach, and the focus on direct placement into competitive employment without prevocational training or through a stepwise training approach in sheltered working environments is new. The positive attitude might also suggest that statutory Labour and Welfare administration personnel think that there are employment opportunities for a range of workers with maybe little or no current work experience within a labour market which is highly unionised with good job security. 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 growth is highest for people with higher education.

The shift towards a more evidence based 'place and train' IPS approach has evolved over years in Norway from adaptions of IPS in early intervention psychosis programs [28] to national initiatives and funding of a randomized controlled trial of IPS to test the efficacy of the intervention in a Norwegian context [29]. Whilst the randomized controlled trial was commissioned in a collaboration between the Directorate of Labour and Welfare and the Directorate of Health, none of the research areas within the trial were geographically close to the 44 municipalities within this study. In Norway, the Directorate of Labour and Welfare has been an advocate for IPS, which might have contributed to explain the positive attitudes in favour of this approach among statutory Labour and Welfare administration personnel. The decline in positive attitude over time is significant but small, and suggests that the initial favourable perspective has been adjusted a bit over time, although still positive.

The item on the role of personal benefit counselling had responses less in favour of IPS than the average of the other items. Norway is a generous and comprehensive welfare state and has an active labour market policy. Welfare states with a resource perspective like this, might affect norms and values [30]. 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. Previous research has shown that discussion around finances might promote engagement in vocational rehabilitation [13, 31].

There are several limitations of this study. There is no IPS attitude checklist available, and the version applied in this study was developed by us ad-hoc for this project. The Cronbach's Alpha was 0.616, indicating this may not be a univariate latent construct with high internal consistency. There seems 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 faking-good bias or a compliance bias, as the respondents may be aware that the researchers are involved in IPS. It may also indicate that the respondents are convinced that IPS is a preferred working method over the practice they are currently expected to follow. This is a cross-sectional survey executed at two timepoints in the same target population, and it is consequently not possible to exclude the possibility that the attitudes measured in this study were different between the IPS municipality representing the biggest Labour and Welfare Administration office in the area, and the other areas of Nordland County also prior to the implementation of IPS. This is a convenience sample, and it is not clear how the findings would generalize to staff in this sector in other places. That said, there were no significant differences in responses between regions within the county except between the IPS municipality and the other areas combined, indicating generalizability to staff in this sector in similar contexts. The strong advocacy from the Labour and Welfare directorate in Norway of supported employment and IPS might have caused some compliance bias and faking-good bias. The vignette may also influence responses. A vignette with a more severe diagnosis or lower function level would most likely have reduced the support for the IPS principles, hence also reduced potential ceiling-effect. A vignette with addiction may, for example, on average be perceived as more blameworthy and dangerous and would influence the willingness to assist with job seeking and job keeping [32].

To increase the likely success of implementing a new evidence based practice like IPS, it is important to understand local factors that may impact on implementation [15] like the audience for change and organisational factors [33, 34]. The translation of evidence into practice requires not only changes at an individual and local level, but also at a national level [16]. The findings from this study and, the only other international study we are aware of looking at the attitudes of statutory labour and welfare administration personnel [21] suggest that attitudes within in this organisation would not hinder implementation, nor would the policies.

Conclusion

This study shows that the Attitudes of statutory Labour and Welfare employees will not be a substantial barrier for implementation of IPS, but should be addressed as specific possibly barriers early in the implementation. A scaling up of IPS in Norway will require explicit support from relevant authorities and probably also adaption of rules and regulations to support close collaboration between health and NAV. Previous reports have commented on problems with mainstreaming supported employment services after an initial period of success in Nordic countries [26], and the same challenges might arise now if further steps fail to be taken. Scaling up IPS in Norway will require a system for training, supervision and technical support to achieve good fidelity and sustainability over time [35]. The positive attitudes shown in this study underline that employees in the statutory labour and welfare administration offices support service redesign of pathways into competitive employment for people with severe and enduring mental illness.

Abbreviations

IPS

Individual placement and support

NAV

The Norwegian labour and welfare administration

OECD

The Organisation for Economic Co-operation and Development

Declarations

Declaration of interest

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. The information of the study to the participants was presented by the last author.

Ethics approval and consent to participate

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.

Concent for publication

Not applicable

Availability of data and materials

Not applicable

Competing interests

There are no financial or non-financial competing interest from the authors of this article.

Funding

This study is funded by research grants from the Research Council of Norway: 273665, 280589, 227097 and Nordland Hospital Trust.

Authors' contributions

BB and AM devised the study. BB extracted the data, and together with ES and AM conducted the analysis. BB, MR and AM interpreted the results and discussed the analysis and the visualisation of the analysis with E.K., CFM and DM. BB wrote the manuscript. All authors read and contributed to subsequent versions, and approved the final version of this manuscript.

Acknowledgements

The authors want to acknowledge the Labour and Welfare Adminstraton Office (NAV) in Nordland for facilitating for this study. We also want to thank all the participants from the different local Labour and Welfare Offices that contributed.

References

1. OECD, *Transforming disability into ability. Policies to promote work and income security for disabled people.*, OECD, Editor. 2003, OECD Publishing: Paris.
2. OECD, *Sick on the Job? Myths and Realities about Mental Health and Work*, OECD, Editor. 2012, OECD Publishing: Paris.
3. McDaid, D., M. Knapp, and H. Medeiros, *Employment and Mental Health :Assessing the Economic Impact and the Case for Intervention*. 2007, London School of Economics and Political Science: London.
4. Gmitroski, T., et al., *Barriers and facilitators to employment for young adults with mental illness: a scoping review*. 2018. **8**(12): p. e024487.
5. Lervik, L.V., M. Knapstad, and O.R.F. Smith, *Process evaluation of Prompt Mental Health Care (PMHC): the Norwegian version of Improving Access to Psychological Therapies*. BMC Health Services Research, 2020. **20**(1): p. 437.
6. van Stolk, C., et al., *Psychological Wellbeing and Work: Improving Service Provision and Outcomes*. Rand health quarterly, 2014. **4**(1): p. 9-9.
7. Joyce, S., et al., *Workplace interventions for common mental disorders: a systematic meta-review*. Psychol Med, 2016. **46**(4): p. 683-97.
8. Becker, D.R., et al., *Supported employment fidelity review manual*. 2015, New Hampshire: Dartmouth Psychiatric Research Center.
9. Brinchmann, B., et al., *A meta-regression of the impact of policy on the efficacy of individual placement and support*. Acta Psychiatr Scand, 2019.
10. Modini, M., et al., *Supported employment for people with severe mental illness: Systematic review and meta-analysis of the international evidence*. British Journal of Psychiatry, 2016. **209**(1): p. 14-22.
11. Kinoshita, Y., et al., *Supported employment for adults with severe mental illness*. Cochrane Database of Systematic Reviews, 2013. **9**: p. CD008297.
12. Drake, R.E., *Introduction to the special issue on Individual Placement and Support (IPS) International*. Psychiatric Rehabilitation Journal, 2020. **43**(1): p. 1-1.
13. Bond, G.R., *Supported Employment: Evidence for an Evidence-Based Practice*. Rehabilitation Journal, 2004. **27**(4): p. 345-359.
14. Hasson, H., M. Andersson, and U. Bejerholm, *Barriers in implementation of evidence-based practice: Supported employment in Swedish context*. Journal of Health, Organisation and Management, 2011. **25**(3): p. 332-345.
15. Boardman, J. and M. Rinaldi, *Difficulties in implementing supported employment for people with severe mental health problems*. Vol. 203. 2013. 247-249.

16. Tansella, M. and G. Thornicroft, *Implementation science: understanding the translation of evidence into practice*. Br J Psychiatry, 2009. **195**(4): p. 283-5.
17. Fixen, D., et al., *Implementation research: A synthesis of the literature*. 2005.
18. Marwaha, S., S. Balachandra, and S. Johnson, *Clinicians' attitudes to the employment of people with psychosis*. Soc Psychiatry Psychiatr Epidemiol, 2009. **44**(5): p. 349-60.
19. Bonfils, I.S., et al., *Implementation of the individual placement and support approach – facilitators and barriers*. Scandinavian Journal of Disability Research, 2017. **19**(4): p. 318-333.
20. Moen, E.Å., L.T. Walseth, and I.B. Larsen, *Experiences of participating in individual placement and support: a meta-ethnographic review and synthesis of qualitative studies*. Scandinavian Journal of Caring Sciences, 2020. **n/a**(n/a).
21. Knaeps, J., et al., *Beliefs of vocational rehabilitation counselors about competitive employment for people with severe mental illness in Belgium*. Rehabilitation Counseling Bulletin, 2015. **58**(3): p. 176-188.
22. Johanson, S., et al., *Implementation of a novel return-to-work approach for persons with affective disorders in a traditional vocational rehabilitation context: a case study*. International Journal of Mental Health Systems, 2020. **14**(1): p. 22.
23. Bejerholm, U., et al., *Individual placement and support in Sweden - a randomized controlled trial*. Nordic Journal of Psychiatry, 2015. **69**(1): p. 57-66.
24. Drake, R., J. Skinner, and H.H. Goldman, *What explains the diffusion of treatments for mental illness?* The American journal of psychiatry, 2008. **165**(11): p. 1385-1392.
25. Rinaldi, M., et al., *Individual placement and support: from research to practice*. Advances in Psychiatric Treatment, 2008. **14**(1): p. 50-60.
26. Spjelkavik, Ø., *Supported employment in Norway and in the other nordic countries*. Journal of vocational rehabilitation, 2012. **37**(3): p. 163-172.
27. StataCorp, *StataCorp Stat Statistical Software: Release 15*. 2017, College Station, TX:StataCorp LLC.
28. Hegelstad, W.t.V., et al., *Job- and schoolprescription: A local adaptation to individual placement and support for first episode psychosis*. Early Intervention in Psychiatry, 2019. **13**(4): p. 859-866.
29. Reme, S.E., et al., *A randomized controlled multicenter trial of individual placement and support for patients with moderate-to-severe mental illness. [References]*. 2019: Scandinavian Journal of Work, Environment & Health. Vol.45(1), 2019, pp. 33-41.
30. van der Wel, K.A. and K. Halvorsen, *The bigger the worse? A comparative study of the welfare state and employment commitment*. 2015. **29**(1): p. 99-118.
31. Serowik, K.L., et al., *Financial motivation to work among people with psychiatric disorders*. J Ment Health, 2014. **23**(4): p. 186-90.
32. Corrigan, P.W., Larson, J.E., Kuwabara, A., *Mental Illness Stigma and the Fundamental Components of Supported Employment*. Rehabilitation Psychology, 2007. **52**(4): p. 451-457.
33. Dadich, A.H., H. (2013). , *Health care reform: implications for knowledge translation in primary care*. BMC Health Services Research, 2013. **13**(1): p. 490-501.
34. Ferlie, E., et al., *The Nonspread of Innovations: the Mediating Role of Professionals*. Academy of Management Journal, 2005. **48**(1): p. 117-134.
35. Isett, K.R., Burnam, M.A., Coleman-Beattie, B., Hyde, P.S., Morrisey, J.P., Magnabosco, J.,... Goldman, H.H. (2008), *The role of the state mental health authorities in managing change for the implementation of evidence-based practices*. Community Mental Health Journal, 2008. **44**: p. 195-211.

Tables

Table 1. Measures of attitudes in areas with and without IPS at two different timepoints.

	Employees in area with IPS			Employees in areas without IPS			Comparing areas		
	Mean and 95% CI from independent sample t-test	P-values from independent sample t- test	Mean and 95% CI from independent sample t-test	P-values from independent sample t- test	P-values from independent sample t-test	P-values from linear regression*			
Year	2013 n=68	2017 n=54	2013 vs 2017	2013 n=317	2017 n=270	2013 vs 2017	2013	2017	
Sumscore	5.18 (5.05- 5.32)	4.97 (4.81- 5.12)	0.034	4.98 (4.91- 5.04)	4.62 (4.53- 4.71)	<.001	0.004	0.0013	0.287
Eligibility based on client's choice	5.32 (5.07- 5.58)	4.94 (4.63- 5.26)	0.062	5.10 (4.99- 5.22)	4.30 (4.11- 4.49)	<.001	0.127	0.0045	0.088
Integration of mental health with employment services	5.59 (5.40- 5.78)	5.22 (4.93- 5.51)	0.030	5.18 (5.05- 5.30)	4.89 (4.73- 5.06)	0.005	0.004	0.0969	0.739
Competitive employment	5.59 (5.42- 5.76)	5.35 (5.15- 5.56)	0.076	5.44 (5.35- 5.53)	5.01 (4.86- 5.15)	<.001	0.151	0.044	0.287
Personalized welfare benefit counselling	3.97 (3.46- 4.48)	4.02 (3.53- 4.51)	0.895	3.87 (3.66- 4.08)	3.87 (3.65- 4.09)	0.931	0.655	0.580	0.861
Rapid job search	4.97 (4.65- 5.29)	4.56 (4.18- 4.93)	0.093	4.83 (4.68- 4.97)	3.91 (3.72- 4.10)	<.001	0.368	0.006	0.086
Systematic job development	5.29 (5.06- 5.51)	5.48 (5.27- 5.69)	0.218	4.98 (4.84- 5.13)	5.03 (4.88- 5.18)	0.716	0.071	0.009	0.510
Time unlimited and individualized support	5.47 (5.25- 5.69)	5.04 (4.69- 5.39)	0.032	5.21 (5.08- 5.34)	4.97 (4.82- 5.12)	0.011	0.097	0.721	0.443
Attention to client's preferences	5.28 (5.02- 5.54)	5.11 (4.89- 5.33)	0.343	5.14 (5.01- 5.27)	5.00 (4.86- 5.13)	0.141	0.356	0.465	0.898

*p-value for interaction term in linear regression: time + location + time*location + constant = attitude

Figures

Due to technical limitations, Figure 1 ,2 is only available as a download in the Supplemental Files section.

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