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

Cathrine Moe[1,2] · Beate Brinchmann[2] · David McDaid[3] · Eoin Killackey[4,5] · Miles Rinaldi[6] · Arnstein Mykletun[2]

[1]Nord University, Faculty of Nursing and Health Sciences, Bodø, Norway, [2]Nordland Hospital Trust, Centre for Work and Mental Health, Bodø, Norway, [3]London School of Economics and Political Science, Personal Social Services Research Unit, Department of Health Policy, London, UK, [4]Orygen, The National Centre of Excellence in Youth Mental Health, Melbourne, Australia, [5]Centre for Youth Mental Health, The University of Melbourne, Melbourne, Australia, and [6]South West London and St George's Mental Health NHS Trust, London, UK

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ABSTRACT

Objective: The objective of this review is to identify and map existing knowledge on the methods and approaches used to implement Individual Placement and Support at scale in the health and welfare sectors, as well as the frameworks and methodological approaches used in implementation studies, and to identify knowledge gaps that are important for further research.

Introduction: Individual Placement and Support is an evidence-based, standardized approach designed to support people with mental health conditions to gain and maintain competitive jobs in the labor market. Translating scientific knowledge into mainstream practice is challenging, and there is insufficient knowledge of the approaches used to implement Individual Placement and Support at scale in the health and welfare sectors.

Inclusion criteria: This review will include studies reporting on the implementation of Individual Placement and Support for people with mental health conditions within a health and welfare context, from 1993 to the present. Studies that have abstracts in English, German or Scandinavian languages will be considered. Randomized controlled trials will be excluded.

Methods: The review will be conducted in accordance with the JBI methodology for scoping reviews. We will follow a three-step search strategy to trace published studies. Search strategies are developed to fit with the databases MEDLINE, Cochrane Central Register of Controlled Trials, Embase, PsycINFO, Base, OpenGrey and CINAHL. Data will be extracted from papers included in the review using data extraction tables developed by the reviewers. A qualitative content analysis will be used to facilitate the mapping of the results.

Keywords Implementation; individual placement and support; mental illness; supported employment; vocational rehabilitation

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Introduction

A key challenge facing the global health community is how to use evidence-based practices within a real-world setting.[1] The gap between the way practitioners act and what evidence actually shows as best practice affects the outcomes for individuals receiving healthcare services. Implementation studies have received considerable attention over the previous decades, drawing from the evidence in clinical practice.[2] For the purpose of this review, implementation is defined as "a specified set of activities designed to put into practice an activity or program of known dimensions".[3(p.5)] According to this definition, implementation is a planned and purposeful process, with active ingredients that push the implementation forward. An implementation process should be geared toward overcoming barriers and making use of known facilitators in the environment or context.[2]

The usual challenges of establishing new services from other settings include mismatches between the

Correspondence: Cathrine Moe, Cathrine.f.moe@nord.no

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characteristics of the new population, the local community and the original program. Particular objectives, approaches or activities may be too politically charged or controversial for the new local community, or they may be irrelevant in the new setting. It is also possible that an agency may lack the funding, staffing, expertise or other resources needed to implement the program as originally designed.[4]

Using existing scientific knowledge and translating into routine clinical care is challenging. This is the case with Individual Placement and Support (IPS), which is a standardized approach of supported employment designed to support people with severe mental illness so they may gain and maintain competitive jobs in the labor market. Eight evidence-based principles underpin the IPS approach: i) focus upon competitive employment, ii) eligibility based on client choice, ii) integration between mental health and employment services, iv) support guided by clients preferences, v) personal financial counseling, vi) rapid job search, vii) systematic job development, and viii) time-unlimited, individualized job support.[5] The IPS approach is internationally recognized as being an evidence-based practice, and the most effective and efficient way of providing support to this population.[6-8] Still, to our knowledge, no country has successfully implemented IPS as a mainstream service delivery across an entire country. The IPS approach is official policy in some countries (e.g. England) and some regions (e.g. in Spain and Italy), but the degree of implementation varies. [9] The context in which IPS is provided varies. Often, agencies from the health and welfare sectors collaborate, purposing to integrate vocational and clinical interventions. For the purpose of this review, sectors includes all services, agencies and providers involved in IPS.

It is well documented that the employment rate for individuals with severe mental illness is very low,[10-14] measured at six to seven times lower than individuals with no mental disorder.[15] Reviews of mental health and employment policies in Organisation for Economic Co-operation and Development (OECD) countries highlight shortcomings in the way these countries address sick leave, disability and joblessness among persons with mental health conditions.[16] This is a challenge for societies, but first and foremost for individuals reporting that work is often essential to their recovery.[17] There are numerous benefits of employment for individuals with severe mental illness[18,19] including financial benefits, improved self-esteem, improved well-being, improved social contacts and independence.[20-23] As a result, it is not surprising that the majority of people with severe mental illness consistently report that they want to work.[14,24] Therefore, there is reason to be concerned about the gap between the evidence-based practice and the lack of implementation in routine clinical care.

To gain an understanding of the gap between research and practice, this scoping review will focus on the attempts to implement IPS for people with mental health conditions. The implementation process has been described in existing studies.[25-28] A variety of challenges to implementing IPS have been reported,[29,30] with barriers identified at the contextual, organizational and individual levels. Key challenges at the contextual level include the lack of stable funding to support IPS[31] and that IPS services require collaboration between different agencies, which can be problematic because of different regulatory structures, incentives and goals.[32] Other challenges are organizational factors and the cultural friction that can exist within and between departments and organizations, such as between the health and welfare sectors. Modifications to organizational culture are fundamental in the development and sustainability of new and innovative services.[33]

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

To promote the implementation of this evidence-based practice, an overview of the existing knowledge of attempts to implement IPS internationally, including facilitators and barriers to the implementation process, will be reviewed. To continue the knowledge development within this field, we also need an overview of theoretical frameworks and methodological approaches used within the existing implementation studies. A preliminary search of PROSPERO, PsycINFO, MEDLINE (PubMed), the Cochrane Database of Systematic Reviews and the *JBI Database of Systematic Reviews and Implementation Reports*

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revealed few existing reviews on this topic. No scoping reviews were available or currently under development. There are several reviews investigating the efficacy of IPS. For the implementation process, previous reviews have focused on a specific country or an area within a country such as England,[27] Australia and New Zealand.[35] One systematic review was identified that investigated the international literature on the implementation of IPS.[30] The review identified facilitators and barriers to implementation. The authors sought to evaluate research on IPS implementation and gain an overview of the methods and theories used. The searches were conducted in 2013 and subsequently in April 2015. This scoping review will differ from the Bonfils *et al.*[30] review by adding participants to the searches. Internationally, the development of IPS has grown rapidly and a new review is appropriate.

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

Review questions

i) Which methods and approaches are used to implement IPS at scale in the real world?
ii) Which factors enable the move from a project to mainstream practice for IPS?
iii) In what context (specialist healthcare setting, primary healthcare setting, welfare setting) is IPS provided?
iv) What is/are the implementation framework(s) used in the IPS implementation literature?
v) Which methodological approaches are used in existing implementation studies?

Inclusion criteria

Participants

This review will include studies reporting on the implementation of IPS for people with mental health conditions (not only severe mental illness). Recent IPS studies have included patients with moderate to severe mental illness (i.e. Reme *et al.*[36]). We believe the implementation process will share similarities independent of the severity of the mental health conditions of those receiving IPS. This review will include studies that focus on the implementation process of IPS as reported by heterogeneous stakeholders. We have defined two groups of participants for this scoping review: i) health and welfare employees (e.g. managers, project leaders, practitioners, decision makers or employment specialists) and ii) IPS receivers (e.g. clients, job seekers, patients).

Concepts

This review will include studies that focus on the concepts of implementation and IPS. Implementation is part of a diffusion-dissemination-implementation continuum, where implementation is the process of putting to use or integrating new practices within a setting.[37] For this scoping review, implementation is "a specified set of activities designed to put into practice an activity or program of known dimensions".[3(p.5)] Implementation should result in the faithful translation of research-based evidence into mainstream practice at scale. An evidence-based scale-up will "target health delivery units within the same, or very similar settings, under which the intervention has already been tested".[38(p.3)]

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

Context

Internationally, there are considerable differences between health and social care, employment services and welfare systems.[42] The intervention of IPS integrates psychiatric treatment with welfare and employment services. However, IPS can be implemented within different contexts. In the majority of countries, the health sector has led the implementation of IPS, whereas in other countries, the welfare sector has led implementation. This review will

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include studies where IPS is provided within a health or welfare sector setting (e.g. specialist health care [psychosis unit], primary health care [municipal mental care] or social/welfare services [employment office]). The concept of health and welfare sectors includes all health, social and welfare services. Additionally, a sector includes contexts outside the clinical setting, such as bureaucratic and professional offices.

Types of sources

This scoping review will consider research with different study designs, including (but not limited to), case-control studies, qualitative studies, pragmatic or naturalistic trials, quantitative studies and mixed method studies. Randomized controlled trials (RCT) will be excluded as we are searching for studies in a non RCT-environment to explore the transition from research to mainstream, ''real-world'' practice. This scoping review will consider research presented in research articles, editorials and feature articles in peer-reviewed journals. Gray literature such as political documents, government recommendations, service delivery reports, theses and conference abstracts will be considered. Studies published from 1993 will be included, because to the best of our knowledge, no IPS implementation studies were reported before that year.[43] Studies that have abstracts in English, German or Scandinavian languages will be considered.

Methods

The proposed systematic review will be conducted in accordance with the JBI methodology for scoping reviews.[44]

Search strategy

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

i) An initial limited search in PROSPERO, MEDLINE (PubMed), CINAHL and PsycINFO to identify relevant key words and search terms used in titles and abstracts in studies published within the topic.
ii) Based on search terms identified in the initial search, specific search strategies will be developed with assistance from a librarian to fit with the following databases: MEDLINE (PubMed), Cochrane Central Register of Controlled Trials, Embase, PsycINFO, Base, OpenGrey and CINAHL, from 1993 to the present.
iii) The reference lists of all included studies will be searched, and a citation search of included studies will be performed through Google Scholar to identify eligible studies that may not have been found through the previous search strategy. Authors of included studies will be contacted if further information about the study is required.

The preliminary search strategy for MEDLINE is presented in Appendix I and includes search terms related to participants (health and welfare sector employers and IPS recipients) and concept (implementation and IPS). As the context is ''any context'', we did not include the concepts in the searches. Relevant MeSH terms and headings will be identified and used where required. The language may change slightly depending on the database; however, the main key words will be used throughout. Only English search terms will be used in the search strategies.

Study selection

Following the searches, all identified citations will be uploaded into EndNote X7.8 (Clarivate Analytics, PA, USA) and duplicates removed. One reviewer (CM) will perform an initial screening of titles and abstracts, and exclude studies that clearly do not meet the inclusion criteria. Titles and abstracts will then be uploaded into Rayyan (Qatar Computing Research Institute, Doha, Qatar)[45] and screened by two independent reviewers (CM and BB) for assessment against inclusion criteria for the review. Studies not meeting the inclusion criteria will be excluded.

Potentially relevant studies will be retrieved in full text and assessed in detail against the inclusion criteria by two independent reviewers (CM and BB). Reasons for exclusion of full-text studies that do not meet the inclusion criteria will be recorded and reported in the scoping review. Any disagreements that arise between the reviewers at each stage of the study selection process will be resolved through discussions or by involving a third reviewer for consensus (MR or AM). The results of the searches will be reported in full in the final scoping review and presented in a Preferred Reporting Items for Systematic Reviews and Meta-analyses (PRISMA) flow diagram.[46]

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Data extraction

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

Data presentation (level 2 heading)

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

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References

1. Peters DH, Tran NT, Adam T. Alliance for Health Policy and Systems Research. Implementation research in health. A practical guide. Geneva: World Health Organization; 2013.
2. Skolarus TA, Sales AE. Implementation issues. Towards a systematic and stepwise approach. In: Richards DA, Hallberg IR, editors. Complex interventions in health. An overview of research methods. London (UK): Routledge, 2015 .
3. Fixsen DL, Naoom SF, Blase KA, Friedman RM, Wallace F. Implementation research: A synthesis of the literature Tampa, FL: University of South Florida, Louis de la Parte Florida Mental Health Institute, National Implementation Research Network; 2005.
4. Card JJ, Solomon J, Cunningham SD. How to adapt effective programs for use in new contexts. Health Promot Pract 2011;12(1):25–35.
5. Drake RE, Bond G, Becker DR. Individual Placement and Support: An Evidence-Based Approach to Supported Employment (Evidence Based Practice) New York: Oxford University Press; 2012.
6. Modini M, Tan L, Brinchmann B, Wang MJ, Killackey E, Glozier N, *et al*. Supported employment for people with severe mental illness: systematic review and meta-analysis of the international evidence. Br J Psychiatry 2016;209(1): 14–22.
7. Kinoshita Y, Furukawa TA, Kinoshita K, Honyashiki M, Omori IM, Marshall M, *et al*. Supported employment for adults with severe mental illness. Cochrane Database Syst Rev (9):2013:CD008297.
8. Bond GR, Drake RE, Campbell K. Effectiveness of individual placement and support supported employment for young adults. Early Interv Psychiatry 2016;10(4):300–7.
9. Fioritti A, Burns T, Hilarion P, Weegel JV, Cappa C, Suñol R, *et al*. Individual placement and support in Europe. Psychiatr Rehabil J 2014;37(2):123–8.
10. Lehman AF. Vocational rehabilitation in schizophrenia. Schizophr Bull 1995;21(4):645–56.
11. O'Brien M, Singleton N, Sparks J, Meltzer H, Brugha T. Adults With a Psychotic Disorder Living in Private Households. London (UK): The Social Survey Division of the Office for National Statistics; 2002.
12. Kooyman I, Dean K, Harvey S, Walsh E. Outcomes of public concern in schizophrenia. Br J Psychiatry 2007;191(S50):29–36.
13. Marwaha S, Johnson S, Bebbington P, Stafford M, Angermeyer MC, Brugha T, *et al*. Rates and correlates of employment in people with schizophrenia in the UK, France and Germany. Br J Psychiatry 2007;191(1):30–7.
14. Waghorn G, Saha S, Harvey C, Morgan VA, Waterreus A, Bush R, *et al*. 'Earning and learning' in those with psychotic disorders: The second Australian national survey of psychosis. Aust N Z J Psychiatry 2012;46(8):774–85.
15. OECD. Sick on the job? Myths and realities about mental health and work. 2012. OECD.
16. OECD. Making mental health count: The social and economic costs of neglecting mental health care OECD Health Policy Studies; 2014.
17. Drake RE, Whitley R. Recovery and severe mental illness: description and analysis. Can J Psychiatry 2014;59(5):236–42.
18. Harvey SB, Modini M, Christensen H, Glozier N. Severe mental illness and work: What can we do to maximise the employment opportunities for individuals with psychosis? Aust N Z J Psychiatry 2013;47(5):421–4.

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19. Modini M, Joyce S, Mykletun A, Christensen H, Bryant RA, Mitchell PB, *et al*. The mental health benefits of employment: Results of a systematic meta-review. Australas Psychiatry 2016;24(4):331–6.
20. Bond GR. Supported employment: Evidence for an evidence-based practice. Psychiatr Rehabil J 2004;27(4):345–59.
21. Waddell G, Burton AK. Is Work Good for Your Health and Well-Being? London (UK): Stationary Office; 2006.
22. Rinaldi M, Perkins R. Implementing evidence-based supported employment. The Psychiatrist 2007;7(7):244–9.
23. Burns T, Catty J, White S, Becker T, Koletsi M, Fioritti A, *et al*. The impact of supported employment and working on clinical and social functioning: results of an international study of individual placement and support. Schizoph Bull 2009;35(5):949–58.
24. Secker J, Grove B, Seebohm P. Challenging barriers to employment, training and education for mental health service users: the service user's perspective. J Ment Health 2001;10(4):395–404.
25. Vukadin M, Schaafsma FG, Westerman MJ, Michon HWC, Anema JR. Experiences with the implementation of Individual Placement and Support for people with severe mental illness: a qualitative study among stakeholders. BMC Psychiatry 2018;18:.
26. Van Erp NHJ, Femke MA, Giesen BM, van Weeghel J, Kroon H, Michon HWC, *et al*. A multisite study of implementing supported employment in the Netherlands. Psychiatr Serv 2007;58(11):1421–6.
27. Rinaldi M, Miller L, Perkins R. Implementing the individual placement and support (IPS) approach for people with mental health conditions in England. Int Rev Psychiatry 2010;22(2):163–72.
28. Boardman J, Rinaldi M. Difficulties in implementing supported employment for people with severe mental health problems. Br J Psychiatry 2013;203(4):247–9.
29. Mueser KT, Cook JA. Why can't we fund supported employment? Psychiatr Rehabil J 2016;39(2):85–9.
30. Bonfils IS, Hansen H, Dalum HS, Eplov LF. Implementation of the individual placement and support approach- facilitators and barriers. Scand J Disabil Res 2017;19(4):318–33.
31. Karakus M, Frey W, Goldman H, Fields S, Drake R. Federal financing of supported employment and cutomized employment for people with mental illnesses: Final Report Washington, DC: Department of Health and Human Services; 2011.
32. McDaid D, Park AL. Evidence on financing and budgeting mechanisms to support intersectoral actions between health, education, social welfare and labour sectors. Health Evidence Network synthesis report (48). Copenhagen: WHO Regional Office for Europe; 2016.
33. Sheperd G, Bacon J, Lockett H, Grove B. Establishing IPS in clinical teams – Some key themes from national implementation programme. J Rehabil 2012;78(1):30–6.
34. Bergmark M, Bejerholm U, Markström U. Critical components in implementing evidence -based practice: a multiple case study of individual placement and support for people with psychiatric disabilities. Soc Policy Adm 2018;52(3): 790–808.
35. Contreras N, Rossell SL, Castle DJ, Fossey E, Morgan D, Crosse C, *et al*. Enhancing Work-Focused Supports for People with Severe Mental Illnesses in Australia. Rehabil Res Pract 2012;2012:863203.
36. Reme SE, Monstad K, Fyhn T, Sveinsdottir V, Løvvik C, Lie SA, *et al*. A randomized controlled multicenter trial of individual placement and support for patients with moderate-to-severe mental illness. Scand J Work Environ Health 2018;45(1):33–41.
37. Nilsen P. Making sense of implementation theories, models and frameworks. Implement Sci 2015;10:1–13.
38. Aarons GA, Sklar M, Mustanski B, Benbow N, Brown CH. "Scaling-out" evidence-based interventions to new populations or new health care delivery systems. Implement Sci 2017;12:1–13.
39. Bond GR, Peterson AE, Becker DR, Drake RE. Validation of the Revised Individual Placement and Support Fidelity Scale (IPS-25). Psychiatr Serv 2012;63(8):758–63.
40. Bond GR, Becker DR, Drake RE, Volger KM. A fidelity scale for the Individual Placement and Support model of supported employment. Rehabil Couns Bull 1997;40(4): 265–85.
41. Boardman J, Grove B, Perkins R, Sheperd G. Work and employment for people with psychiatric disabilities. Br J Psychiatry 2003;182(6):467–8.
42. Perkins R, Rinaldi M. Changing the terms of debate: mental health and employment. In: Gregg P, Cooke G, Bartlett J, editors. Liberation Welfare. London: DEMOS, 2010.
43. Becker DR, Drake RE. A working life: The Individual Placement and Support (IPS) program Concord, NH: New Hampshire-Dartmouth Psychiatric Research Center; 1993.
44. Aromataris E, Munn Z (Eds): *Joanna Briggs Institute Reviewer's Manual [Internet]*. Adelaide: Joanna Briggs Institute, 2017 . [cited 2 June 2019]. Available from: https://reviewersmanual.joannabriggs.org/.
45. Ouzzani M, Hammady H, Fedorowicz Z, Elmagarmid A. Rayyan — a web and mobile app for systematic reviews. Syst Rev 2016.
46. Moher D, Liberati A, Tetzlaff J, Altman DG. The PRISMA Group. Preferred Reporting Items for Systematic Reviews and Meta-Analyses: The PRISMA Statement. PLoS Med 2009;6(6):e1000097.

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Appendix I: Preliminary search strategy for MEDLINE (Ovid)

Search	Query	Records retrieved
#1	Individual placement and support [tw] OR Rehabilitation, Vocational [Mesh] OR Vocational Rehabilitation [tw] OR Employment, Supported [Mesh] OR Supported employment [tw]	5,023
#2	Implementation Science [Mesh] OR Health plan implementation [Mesh] OR implementation [tw] OR Delivery of Health Care [Mesh] OR implementing [tw] OR translations [tw]	1,068,070
#3	Patients [Mesh] OR Job seeker [tw] OR Health Personnel [Mesh] OR Employment specialist [tw] OR Clinician [tw] OR stakeholder [tw]	379,639
#4	#1 AND #2 AND #3	100
Limited to year 1993-current		

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Appendix II: Data extraction table

Study				
Author (s)	Year	Country	Aim/purpose	Population

Study design	
Theoretical approaches (framework)	Research methods

Concept				
Context where IPS is provided	Implementation strategies (practical)	Process characteristics	Barriers	Facilitators

IPS, Individual Placement and Support

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