The projects described in this special section span three continents, reflecting the remarkably rapid spread of evidence-based supported employment for individuals with severe mental illness. Supported employment originated in the work of Wehman and others during the early 1980s [9]. Tracing the roots of its successful application for people with severe mental illness, we might date the genesis of evidence-based supported employment to the publication in 1993 of the Individual Placement and Support (IPS) practice manual [1]. Over the short span of time since then, IPS has proven to be remarkably robust in helping individuals attain competitive employment in many different locales. Eleven randomized controlled trials comparing IPS to some traditional form of vocational services have been completed, all showing superior results for IPS [3]. The findings from the quasi-experimental study of IPS conducted by Rinaldi and Perkins [7] add further evidence to this impressive literature, suggesting that IPS is effective not only in the US but in the UK as well.

This set of papers also delineates several stages of maturation in the dissemination of the IPS model. Waghorn and colleagues [8] describe the early stages of adoption of the IPS model in 7 Australian cities. The leaders of this effort are facing the challenges of overcoming the regulations of a service system and habits of practitioners accustomed to screening people for job readiness and providing employment services apart from mental health treatment. These sites are in their first year or two of operation, and it is too early to know which strategies will be most effective in overcoming the extraordinarily fragmented layers of governmental bureaucracies responsible for the delivery of vocational services. Established in 2003, the UK IPS program described by Rinaldi and colleagues [7] is still relatively new, but is clearly at a more established stage of implementation than the Australian programs. This group has addressed the problems of systems fragmentation by co-locating employment specialists on mental case management teams. Importantly, this group also has systematically collected process and outcome data documenting their progress. Becker and colleagues [2] describe a third stage of dissemination now increasingly common in the US. In this third stage, IPS is well established in a few sites within a state, but access to IPS is still limited. This paper illustrates the development of a national “learning community” comprised of supported employment leaders from 9 different states and the District of Columbia who have joined together to learn from each other. Each state has developed its unique set of strategies to overcome policy barriers not so different from those encountered in Australia and the UK. Seven case studies are presented, describing how each state (along with the District of Columbia) has introduced new procedures and policies to promote statewide IPS implementation. Interestingly, two of these states – Kansas and Maryland – were included in a multi-state survey of supported employment and other vocational services completed in 2001, as reported by Campbell and colleagues [4]. At the time of this survey, Maryland’s supported employment services were located primarily in freestanding psychosocial rehabilitation centers, with poor coordination with the local mental health centers. Six years later, Maryland has made great strides toward ensuring that the vocational and mental health service systems are working together. Kansas has also made improvements, using outcome-based supervision.
Another theme running through four of the papers in this special issue is the use of fidelity scales to measure and monitor quality of implementation [2,4,7,8]. All four papers identify close working relationships between the employment team and mental health treatment team as one key element contributing to better competitive employment outcomes. These papers are also consistent in noting the challenges in achieving true integration, not only because of historical divisions between mental health and rehabilitation in all three countries, but also because of the practitioner perceptions about their respective roles as employment specialists and mental health clinicians. Campbell and colleagues [4] find greater integration and overall higher fidelity when supported employment is provided within a community mental health center.

While the aforementioned four papers all examine the macro issues related to IPS implementation and dissemination, evidence-based supported employment should always have the client as the central focus. Thus, it is appropriate that the remaining two papers focus on the micro-level of client predictors of employment outcomes. McGuire and colleagues [6] assess the predictive validity of situational assessment, which has long been used as a pragmatic and face valid vocational assessment technique. While the results of their longitudinal study are mixed, an important contribution of this paper concerns the questions it raises regarding the role of this time-honored approach in the context of supported employment, in which direct observation of client work performance is not always feasible. In a second prospective longitudinal study, Johannesen and colleagues [5] examine perceptions of barriers to employment as predictors of rehabilitation outcomes, finding that supported employment clients often mention both illness-specific barriers (e.g., concentration, and fear of failure) and barriers related to the job search and its consequences (e.g., difficulty finding and keeping a job and loss of benefits). As with the preceding study, the pattern of correlations between these predictor variables and outcome is complex. The authors speculate that interventions aiming at modifying perceptions of barriers may have a positive impact on employment outcomes.

Returning to the learning community concept [2], I would mention one final question this collection of papers provoked me to contemplate: Can we create an international learning community? The common themes as well as unique strategies developed in each country suggest that systematic sharing of experiences may benefit all.

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References