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Supporting young NEET people with mental, behavioural and neurodevelopmental conditions into work

Summary
Version 1.0
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Summary

Background

Young people who are NEET (not in education, employment or training) are disproportionately likely to report poorer mental health, usually measured through reports of psychological distress, as well as long-term health conditions. These health-related factors can further compound barriers to employment, job retention and progression. Neurodivergent young people, including autistic people and those with ADHD or learning disabilities, often face additional barriers across recruitment, workplace environments and support systems. These challenges cut across health, education, welfare and employment systems, pointing to a need for coordinated, cross-sector support.

Purpose

This briefing summarises a rapid review carried out to support a pan-Wales forum on employability and health. It addresses the question: what interventions are effective in supporting young people with mental, behavioural and neurodevelopmental conditions into work, and what impact does this have on their mental health?

How to read this briefing

This review summarises evidence on promising direction of what works, rather than definitive conclusions. We describe findings as described by the original authors and have not assessed study quality. The review examined various mental health and wellbeing outcomes, but definitions varied

between studies. Here, 'mental health issues' is used as a broad term encompassing diagnosed mental disorders, symptoms, psychological distress, and functional difficulties, while mental wellbeing refers to positive aspects of feeling and functioning well. Outcomes are reported using the terms used in the original studies.

Implications for policy in Wales

Although we searched extensively for studies to answer our question, we found only three, from Norway, the United States and France. None reported neurodivergent young people, and two extended above the intended upper age limit, of over 24 years old. This limits the applicability of the findings. They are grouped by how directly the evidence supports them.

Findings

Individual Placement and Support (IPS) was the most promising model in these studies. In the one controlled study in a NEET-type population (Sveinsdottir 2020), IPS substantially out-performed traditional vocational rehabilitation for competitive employment (48% versus 8%; total number of participants: 96). In a well-matched but uncontrolled young-adult group of 111 participants, with mainly anxiety and depressive disorders (Bond 2024), IPS was associated with a 46% employment rate, broadly consistent with the wider literature.

Promising but with weaker or indirect evidence

Low-threshold, cross-sector engagement may support intermediate outcomes such as moving participants towards employment. A health-and-

social consultation embedded in an existing youth service (Robert 2019) modestly increased training participation (63.3% versus 55.6%), with the largest gains among the most disadvantaged young people but did not increase employment within a year. The study randomised 976 participants but analysed outcome data for 704 participants. Its findings suggest that lower-intensity, indirect approaches may aid engagement without moving young people into jobs in the short term.

Implementation considerations

- Fidelity to IPS principles (see Appendix A): Integration with health services, individualised follow-along support after a job starts, personalised benefits counselling and systematic employer engagement were the IPS features authors linked to better outcomes, thus indicating that fidelity to IPS might play a significant role in employment outcomes for this group.
- Education outcomes may require more dedicated planning and resourcing: Bond et al. (2024) included both employment and education goals but reported fewer new education outcomes than employment outcomes. In the paper, "new education outcomes" referred to participants beginning a new education programme during follow-up, rather than continuing education that had already started before IPS. The authors suggested that education outcomes may be harder to achieve where IPS is mainly implemented as an employment-focused model, particularly without dedicated funding, defined roles or staff training in supported education.
- Any programme for neurodivergent young people who are NEET should

be developed and evaluated carefully. Any future programmes in Wales for this group would be operating in a major evidence gap. Therefore, it should have a strong co-design with young people and have a clear intervention and evaluation plan from the outset.

On mental health specifically: the evidence that these interventions improve **employment** is stronger than the evidence that they improve **mental health**. However, this may be because mental health and wellbeing outcomes were inconsistently measured and, where measured, the results were often uncertain. Therefore, the review cannot support a confident assumption that improvements in employment will lead to improved mental health and or wellbeing. Only Sveinsdottir (2020) reported mental health-related improvements (subjective health complaints, helplessness, hopelessness), and only in adjusted post-hoc analyses. Impact on mental health should be treated as a hoped-for, measurable outcome and built into evaluation from the start.

What we did

We carried out a rapid search of academic databases (MEDLINE and Scopus) and grey literature between 26 May and 3 June 2026, identifying 1,101 records. After screening, citation searching and a protocol-driven focus on non-severe populations, three primary studies met the eligibility criteria and were synthesised narratively. Full methods are in the accompanying detailed report.

Recommendations and conclusions

What the evidence suggests

The evidence base is small, uneven and cannot be pooled. Three studies met

the criteria: one randomised trial of an employment intervention (Sveinsdottir 2020), one uncontrolled outcome evaluation (Bond 2024), and one randomised trial of a non-employment, health-and-social intervention (Robert 2019). The clearest signal is for IPS; the health-and-social model aided engagement but not employment. The table summarises the three studies. It is worth noting that on mental health specifically, the evidence that these interventions improve employment is stronger than the evidence that they improve mental health. However, this may be because mental health and wellbeing outcomes were inconsistently measured and, where measured, the results were often uncertain. Therefore, the review cannot support a confident assumption that improvements in employment will lead to improved mental health and or wellbeing.

Strength of the evidence

- Two studies were randomised controlled trials. This is a strong method for examining the effectiveness of interventions. One was uncontrolled, limiting our ability to draw conclusions on impact. We have not critically appraised how well these studies were carried out. This means we are less sure about how reliable they are.
- The three studies differ in design, intervention, comparator and outcome, so their results cannot pooled. The one controlled employment estimate (Sveinsdottir) has wide confidence intervals; the closest population match of interest which was 16—24-year-olds (Bond 2024) has no comparison group; and Robert tests a different kind of intervention.

Gaps and limits to applicability

- No UK-based study met the criteria. The included evidence is from Norway, the US and France.
- Neurodivergent young people, which were a named focus of the protocol, are not explicitly represented in the included studies.
- Two of the three studies extend above the intended upper age limit of the protocol, i.e., above 24 years, and NEET status was not always fully reported.
- Mental health and wellbeing outcomes were inconsistently measured and, where measured, often uncertain.
- Wider evidence from severe mental illness populations suggests that IPS is most effective when it is delivered with strong fidelity, integrated with mental health services, supported by clear referral routes and ongoing in-work support (Public Health Scotland, 2026).

Priorities for future research

- Commission or identify a UK-based evaluation of supported employment and cross-sector models in young people who are NEET and have non-severe mental health conditions, and or neurodivergence.
- Include neurodivergent young people explicitly with disaggregated outcomes.
- Measure mental health and wellbeing outcomes alongside employment.

Further detail: The accompanying detailed report sets out the full methods, study-by-study findings, intervention components, limitations and references.

Appendix A: IPS PRINCIPLES (Bond et al., 2023)

Individual Placement and Support (IPS) was developed in the 1990s and is structured around eight core principles. These are:

a. supporting people to obtain competitive employment in ordinary community settings
b. offering support to anyone who wants to work without excluding people on the basis of perceived readiness
c. tailoring support to the individual's own preferences and goals
d. beginning job search quickly rather than requiring lengthy pre-employment preparation
e. developing relationships with employers based on the person's interests
f. integrating employment support with mental health treatment
g. providing personalised advice on how work may affect benefits or disability payments
h. offering individualised follow-along support for as long as the person wants and needs it.

Data extraction table

Study/design	Population & setting	Intervention	Key result
Sveinsdottir et al. (2020) Randomised controlled trial	96 young adults 18–29-year-olds (mean age 24), NEET, on temporary benefits, mixed social/health problems (not necessarily severe). **Location: Norway**	IPS versus traditional vocational rehabilitation.	Competitive employment 48% versus 8%; OR 10.39 (95% CI 2.79–38.68). Some adjusted post-hoc gains in mental health-related measures.
Bond et al. (2024) Uncontrolled multi-site outcome study	111 young adults 16–24-year-olds; 68.5% depressive and/or anxiety disorder. Nine IPS programmes, US public mental health system. **Location: United States of America**	IPS (no comparison group).	46% obtained competitive employment or a paid internship; only 13% achieved a new education outcome.
Robert et al. (2019) Randomised controlled trial	704 analysed (of 976 randomised) NEETs 18–25-year-olds; general NEET framing. **Location: France (Missions locales)**	Social and preventive medicine consultation (doctor and social worker) – not employment support.	Training participation 63.3% versus 55.6% (p=0.039); no employment effect over the year; more saw a psychologist.

References

Bond, G.R., Al-Abdulmunem, M., Marbacher, J., Christensen, T.N., Sveinsdottir, V. and Drake, R.E. (2023). A systematic review and meta-analysis of IPS supported employment for young adults with mental health conditions. Administration and policy in mental health, [online] 50(1), pp.160–172. doi:10.1007/s10488-022-01228-9.

Bond, G.R., Swanson, S.J., Becker, D.R., Al-Abdulmunem, M., Ressler, D.R. and Marbacher, J. (2024) 'Individual Placement and Support for young adults: one-year outcomes', Psychiatric Rehabilitation Journal, 47(1), pp. 46–55. doi:10.1037/prj0000580.

Public Health Scotland (2026) What evidence is there on what works to support young people experiencing poor mental health get into good work? A scoping review. Unpublished internal scoping review, March.

Robert, S., Romanello, L., Lesieur, S., Kergoat, V., Dutertre, J., Ibanez, G. and Chauvin, P. (2019). Effects of a systematically offered social and preventive medicine consultation on training and health attitudes of young people not in employment, education or training (NEETs): An interventional study in France. PLOS ONE, 14(4), p.e0216226. doi:10.1371/journal.pone.0216226.

Sveinsdottir, V., Lie, S.A., Bond, G.R., Eriksen, H.R., Tveito, T.H., Grasdal, A.L. and Reme, S.E. (2019). Individual placement and support for young adults at risk of early work disability (the SEED trial). A randomized controlled trial. Scandinavian Journal of Work, Environment & Health, 46(1), pp.50–59. doi:10.5271/sjweh.3837.

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