Interventions supporting young people with mental, behavioural and neurodevelopmental conditions into work, and their impact on mental health: A rapid evidence review

Authorship, affiliations and contact information

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Background and context

Young people are often economically inactive because they are in full-time education or training, but recent analysis highlights growing concern about those who are out of work or learning for health reasons, particularly mental health and behavioural disorders (Public Health Wales, 2025). Young people who are NEET are more likely to experience poor mental health and psychological distress than their peers who are in education, employment or training (Gariépy et al., 2022). Among disengaged young people accessing primary mental health care, employment and education difficulties can sit alongside wider challenges such as low educational attainment, financial strain, housing insecurity and limited work experience (O'Dea et al., 2014).

For neurodivergent young people, particularly autistic young people, employment barriers can include difficulties with recruitment processes, workplace expectations, employer understanding and access to appropriate vocational support (Scott et al., 2019). Reviews of vocational support for autistic people also highlight the importance of tailored support, workplace adjustments and support that addresses both individual and environmental barriers to employment (Nicholas et al., 2015). Together, this evidence suggests that employability support for young people who are NEET and living with mental health, behavioural or neurodevelopmental conditions may need to be coordinated across health, education, welfare and employment systems (Gunnes et al., 2025).

Public Health Wales is contributing to a pan-Wales forum on employability and health and therefore requires a clear and accessible synthesis of evidence relating to interventions, approaches and enabling factors that support young people into sustainable employment. Findings from this rapid review will be synthesised narratively to produce an accessible evidence summary.

Research question, aim and objectives

Research 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?

Aim

The aim of this rapid review is to identify and synthesise evidence on interventions that support young people who are NEET with a mental health, behavioural and/or neurodevelopmental condition into sustainable and fair employment, and to explore their impact on mental health and wellbeing outcomes.

Objectives

The rapid review will:

1. identify employability and labour market interventions targeted at young people who are NEET with mental health, behavioural and/or neurodevelopmental conditions.
2. explore the effectiveness of interventions in improving employment-related outcomes, including job readiness, employment access and job retention.
3. examine whether interventions are associated with improvements in mental health and wellbeing outcomes.
4. identify characteristics of interventions and approaches associated with positive outcomes.
5. identify evidence gaps and implications for policy, practice and future research relevant to employability and health in Wales.

Methodology

Review design and search

For this rapid review, a search was undertaken between 26 May and 3 June 2026.

MEDLINE and Scopus were searched alongside grey-literature sources, including Google Scholar, Epistemonikos, relevant think tanks (such as the Joseph Rowntree Foundation, The Health Foundation and The King's Fund) and organisational websites including Department of Work and Pensions, Public Health Wales and GOV.UK. Search terms combined concepts relating to young people and NEET status; mental health, behavioural and neurodevelopmental conditions; employment and employability; and interventions such as supported employment, vocational rehabilitation, training, job coaching and social prescribing (see MEDLINE, Scopus and Epistemonikus search strategy and strings in Appendix A).

The searches identified 1,101 records: 577 from MEDLINE, 362 from Scopus and 162 from grey-literature searching. After de-duplication in Rayyan and Excel, 750 academic records and 149 grey-literature records remained, giving 899 records for title and abstract screening.

Selection and citation searching

Eighty percent of the 899 records were independently screened by two reviewers at title and abstract stage. Forty-two full texts were assessed independently by two reviewers, and disagreements were resolved through discussion. Nine papers met the criteria through the direct search, four of which were secondary literature. Backward citation searching of these reviews identified additional potentially relevant primary studies, which were screened against the eligibility criteria. To avoid double-counting, outcome findings were extracted primarily from eligible primary publications; included reviews were used to identify studies, contextualise findings and describe wider evidence gaps.

Following full-text assessment and citation searching, an initial pool of eight primary publications (representing seven distinct datasets) was identified as potentially relevant. Overlap was explicitly recorded at this stage: Baksheev et al. (2012) reanalysed the Killackey et al. (2008) trial and did not represent an additional dataset. Secondary

reviews and a Joseph Rowntree Foundation policy report were not counted. The policy report was excluded because it did not meet the eligibility criteria for an included study. It was a policy analysis report that did not evaluate a defined intervention against employment to mental health outcomes. As such, there was no extractable effect estimate reported.

Final selection: exclusion of severe mental illness populations

A further, protocol-driven selection step was then applied to this pool. The eligibility criteria prioritised general employment-related interventions for young people with mental health, behavioural or neurodevelopmental conditions and excluded populations predominantly characterised by severe mental health conditions, such as schizophrenia. On this basis, publications in which the study population was predominantly defined by severe mental illness or first-episode psychosis were excluded from the synthesis as they were out of scope.

This removed a further five publications (representing four distinct datasets):

- Killackey et al. (2008) and Baksheev et al. (2012): a single randomised controlled trial and its predictor reanalysis, in first-episode psychosis (Australia)
- Major et al. (2010): first-episode psychosis cohort (London, UK)
- Bond et al. (2016): severe mental illness, pooled secondary analysis (USA)
- McGahey et al. (2016): severe mental illness (predominantly psychotic disorders), disclosure-planning study (Australia).

The decision to exclude these studies is documented transparently here because they constitute a substantial and methodologically strong part of the wider supported-employment literature for a population group with severe mental illness such as psychosis. They are not used as evidence of intervention effect in this review, however, the direction of their findings is noted only as additional background context for the transferability discussion and should not be read as included studies.

Applying this exclusion reduced the synthesis set from eight publications to three included studies: Sveinsdottir et al. (2020), Bond et al. (2024) and Robert et al. (2019).

Eligibility and pragmatic adaptations

The original protocol focused on people aged approximately 16–25 who were NEET and had a mental health, behavioural or neurodevelopmental condition, and on evidence transferable to the UK. During screening, it became clear that almost no literature met all elements of our review simultaneously. Following this mapping exercise, eligibility was applied pragmatically in three aspects. First, OECD and other high-income-country studies of unemployed or vocationally disengaged young mental health service users were included where NEET status or current education status was not fully reported. Second, studies with upper age limits extending to 29 or 30 were considered where the evidence was directly relevant to transition-age youth. Third, the proposed ten-year publication limit was extended to fifteen years during mapping for highly relevant primary studies identified through backward citation searching. However, all three studies in the final included set fall within the ten-year window (2019–2024), so this decision did not affect the studies carried into synthesis. These deviations are reported transparently and should be considered when interpreting applicability.

Data extraction and synthesis

Data was extracted on study design, setting, population, age, condition, intervention, comparator, employment and education outcomes, mental health and wellbeing outcomes, contextual factors, limitations and relevance to Wales. Findings were synthesised narratively because intervention models, populations, outcomes and designs were heterogeneous. No formal critical appraisal (risk-of-bias assessment) was undertaken, consistent with the scoping purpose and the rapid timescale. The review therefore maps reported findings rather than providing a graded estimate of intervention

effectiveness. The five excluded severe mental illness publications are also summarised to characterise the wider supported-employment evidence base and to inform any transferability discussion. This is presented as context only.

Included studies

Three studies met the eligibility criteria after the severe mental illness exclusion. They are presented in order of relevance to the review question, that is, closeness to the target population (young people with common/non-severe mental health conditions, NEET or vocationally disengaged) and to the intervention of interest (employment support). The study design is noted separately. Sveinsdottir (2020) is the most relevant in terms of population group; Bond (2024) is also highly relevant on population but is uncontrolled study; and Robert (2019) is relevant on population but tests a non-employment intervention.

Findings

Sveinsdottir et al. (2020): SEED trial

Design and setting: A two-armed randomised controlled trial in Norway comparing Individual Placement and Support (IPS) with traditional vocational rehabilitation (TVR). Ninety-six young adults (68% male, mean age 24) were randomised (50 IPS, 46 TVR). Participants were aged 18–29, not in employment or education, receiving temporary benefits, and considered eligible for sheltered traineeship. There were no diagnostic exclusions; participants had a range of social and health-related problems that did not necessarily involve mental illness.

Authors' results: Significantly more IPS participants obtained competitive employment during 12-month follow-up than TVR participants: 48% versus 8%, odds ratio 10.39 (95% CI 2.79–38.68). IPS participants were also more likely to have ever worked ≥20 hours per week (33% vs 5%; OR 8.75, 95% CI 1.83–41.75) and worked more hours on average.

In an adjusted post-hoc analyses, the IPS group reported fewer subjective health complaints and better outcomes for helplessness and hopelessness, and on level of disability, optimism about future wellbeing and drug use. Unadjusted analyses showed few significant between-group differences on health outcomes.

Bond et al. (2024): IPS for Young Adults: One-Year Outcomes

Design and setting: A prospective, uncontrolled multi-site outcome study (programme evaluation) of 111 young adults aged 16–24 enrolled in IPS across nine community agencies in five US states. The mean age was 19.2; 68.5% had a depressive and/or anxiety disorder and nearly two-thirds had never worked. There was no comparison group.

Authors' results: During one-year follow-up, 51 participants (46%) obtained a competitive job or paid internship, 40 (36%) were in education and 76 (68.5%) were either employed or in education. A new education outcome was achieved by only 14 (13%). One-year retention in IPS was 32%. The authors report the 46% employment rate as somewhat lower than the 58% pooled IPS rate from a meta-analysis of seven RCTs in young adults, but close to a comparable study of young adults with similar diagnoses (48%).

Robert et al. (2019): social and preventive medicine consultation for NEETs

Design and setting: A parallel randomised controlled interventional study at five Missions locales (youth social-support structures) in France. Of 976 NEETs aged 18–25 randomised to the intervention or control arms reported here, 704 (72.1%) were analysed. The intervention was a systematically offered social and preventive medicine consultation (a doctor plus social worker), and not an employment-support programme. The primary outcome was participation in a training session in the following 12 months.

It is important to note that the training intervention was a social and preventive medicine consultation within a youth social-support service. Participation in training was used as an intermediate employability-related outcome, based on the authors' rationale that training is linked to later job access and may support transition into the labour market. However, the paper itself does not describe the content or nature of the training sessions, so the finding should not be interpreted as evidence for a specific type of job-readiness, vocational-skills or employment-training programme

Authors' results: A significantly higher proportion of the intervention group participated in a training session than the control group: 63.3% versus 55.6% (p=0.039; absolute difference 7.7 percentage points, 95% CI 0.4–14.9). The effect was larger for women, those under 21, those unstably housed and those with lower education. There was no significant difference in employment during the year, and no difference in perceived overall health; more intervention participants saw a psychologist (16.8% vs 8.8%; p=0.002).

Interventions reported: components and why they worked

This section describes each intervention model in the included studies and the components the authors identify as driving outcomes. It addresses the objective of identifying characteristics of interventions and approaches associated with positive outcomes.

Individual Placement and Support (IPS): Sveinsdottir (2020) and Bond (2024)

Two of the three included studies evaluate IPS, an established model of supported employment. IPS is defined by a set of core principles, and the authors attribute its effects to fidelity to these principles rather than to any single element. The principles described

across the included studies are:

- A focus on competitive employment: real jobs in the open labour market at prevailing wages, rather than sheltered or training placements.
- Zero exclusion or eligibility based on consumer choice: anyone who wants to work is eligible, with no screening for "work readiness" and no exclusion on the basis of symptoms or diagnosis.
- Rapid job search: job-seeking begins quickly after entry, rather than after a lengthy pre-employment preparation phase.
- Attention to client preferences: job choices are guided by the individual's own interests and goals.
- Integration of employment support with mental health treatment: employment specialists work alongside clinical teams.
- Individualised, time-unlimited support: follow-along support continues after a job is obtained, for as long as it is needed.
- Personalised benefits counselling: helping people navigate the financial transition from welfare to paid work.
- Systematic job development: specialists build ongoing relationships with employers.

Sveinsdottir and colleagues argue that placing people directly into competitive jobs with continuing support, rather than preparing them in sheltered settings, is what drives the employment advantage; suggesting that sheltered comparison condition may actively delay open-market entry and even reinforce feelings of helplessness and hopelessness. Bond and colleagues emphasise that IPS principles do not appear to need modification for young adults, but that programmes should augment IPS with supported education, engagement strategies tailored to young people, and family involvement. Both note that where integration with health services and post-placement follow-up were weak, outcomes were likely constrained.

However, in Bond (2024), the education component performed poorly (13% new

education outcomes). The authors attribute this to IPS staff having little experience or training in supported education, mental health clinicians treating IPS as employment-only when referring, and the absence of dedicated funding for supported education.

Social and preventive medicine consultation: Robert (2019)

Robert and colleagues evaluated a different model: a systematically offered consultation with a doctor and social worker, embedded within an existing youth social-support service (the Missions locales). The components were investigation of the young person's health and health-care use, provision of health information, and referral into health services where needed, alongside help with health insurance and social entitlements.

The authors argue that a low-intensity, multi-component offer, that is, health plus social support, integrated into a service young people already used, worked better than a single-strand intervention, and that making the offer may have increased the likelihood of engaging with training. They highlight that the effect was strongest among the most disadvantaged subgroups (women, under-21s, those unstably housed, those with least education), which runs counter to the usual pattern where interventions reach the disadvantaged least. The mechanism described is indirect where better health engagement and reduced barriers are positioned as enabling steps towards training and, eventually, employment but not as direct job placement.

Conclusions

What the evidence suggests and what it cannot yet support

Within the included evidence, the clearest signal is for IPS. In the one controlled study in a non-severe, NEET-type population (Sveinsdottir 2020), IPS substantially out-performed traditional vocational rehabilitation on competitive employment (48% vs 8%). Bond et al. (2024) provides relevant but uncontrolled evidence from young adults aged

16–24 enrolled in IPS, most of whom had depressive and/or anxiety disorders. During one-year follow-up, 46% obtained a competitive job or paid internship. It is important to note that while this is close to the employment rate reported in the IPS arm of Sveinsdottir et al. (2020), the absence of a comparison group means the observed outcome in Bond et al. cannot be attributed to IPS.

A different, health-and-social model (Robert 2019) produced a small increase in training participation but no employment effect over a year, suggesting that lower-intensity, indirect approaches may help engagement outcomes without moving young people into jobs in the short term.

Limitations of this review

The findings of this review should be read as an evidence map rather than as a graded assessment of effectiveness, and several features of the review and its evidence base mean that firm conclusions about what works cannot yet be drawn.

Firstly, no critical appraisal or certainty grading was undertaken. This is consistent with the scoping purpose and the rapid timescale. The review did not include a formal risk-of-bias assessment or a structured certainty-of-evidence judgement such as GRADE. It therefore maps what the included studies report, but it does not establish or describe how much confidence can be placed in them.

Secondly, the evidence base of this review is small and uneven. Only three studies met the eligibility criteria, and they differ in design, intervention, comparator and outcome with one randomised controlled trial of an employment intervention (Sveinsdottir et al., 2020), one uncontrolled outcome evaluation (Bond et al., 2024), and one randomised controlled trial of a non-employment, health-and-social intervention (Robert et al., 2019). This heterogeneity means the studies cannot be pooled and the small number limits how far any single finding can be generalised. The one controlled estimate of an employment intervention (Sveinsdottir) carries wide confidence intervals, the best

population match (Bond) has no comparison group and so cannot attribute its outcomes to the intervention, and the last trial (Robert) tests a different kind of intervention which sits outside the review's core interest. Although each study is informative, neither any individual study nor the three studies considered together can support a firm conclusion about effectiveness.

Thirdly, the evidence does not align cleanly with the review's intended population or setting. No UK-based study met the eligibility criteria, and the included evidence is drawn from Norway, the United States and France. Neurodivergent young people, a named focus of our protocol, are also not represented in the included studies. Two of the three studies also extend above the protocol's intended upper age limit, and NEET status was not always fully reported. These gaps mean that even where the included evidence points in a consistent direction, its applicability to the Welsh, non-severe, NEET and neurodivergent context remains uncertain.

Collectively, these limitations mean the review can describe the available evidence and identify promising directions, but it cannot provide a graded or definitive conclusion about which interventions are most effective for this population. The findings from studies identified in this review are best understood as indications of where the evidence currently points and where it is thin or absent. However, there is a stronger body of evidence for adults and people with more severe mental illness supporting IPS, and this provides evidence supporting the position that the approach may also be effective for this wider population group.

Evidence gaps and implications for Wales

Evidence gaps

- No UK-based study met the eligibility criteria in the non-severe, NEET, youth-specific population; the included evidence is from Norway, the US and France.
- Only one controlled study of an employment intervention was available in this

population. There is a shortage of RCTs or strong quasi-experimental designs for non-severe young NEET populations.

- Neurodivergent young people (autism, ADHD, learning disabilities) are not represented in the included studies, despite being central to the protocol's population.
- Mental health and wellbeing outcomes of employment interventions are inconsistently measured and, where measured, often uncertain.

Implications for policy and practice

- Supported employment/IPS is the most promising model to consider for young people with mental health conditions in Wales, but its effectiveness in the specific Welsh, non-severe, NEET and neurodivergent context remains to be demonstrated in the literature.
- Implementation detail matters: integration with services, follow-along support, dedicated funding and defined roles for any supported-education component may have influence outcomes.
- Cross-sector, low-threshold engagement (as in the Missions locales model) may support stepping-stone outcomes such as training, particularly for the most disadvantaged young people, even where direct employment effects are not seen in the short term.

Implications for future research

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

Recommendations and future evidence needs

The limited number of eligible studies should not be taken to mean that little relevant literature exists overall on young people, mental health, neurodivergence and employment. The review found limited intervention-effect evidence that met the specified eligibility criteria. A wider evidence base, including qualitative, mixed-methods, policy and condition-specific literature, is likely to provide important learning on the experiences of young people and the barriers and enablers that shape access to work, training and employment support. Future work should therefore consider a broader synthesis of evidence on young people's experiences of employment and employment support, including evidence on autism and employment, ADHD and employment, and wider neurodivergent populations. This could help identify practical barriers relating to recruitment, workplace environments, reasonable adjustments, employer understanding, service navigation and sustained support. It would also help avoid an over-reliance on intervention studies alone, particularly where the intervention evidence is sparse.

Supported employment and IPS remain important models to consider, but the findings should be applied cautiously to the specific population of interest in this review. 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). This wider evidence can inform programme design, but it should not be treated as direct evidence of effectiveness for young people who are NEET and living with common mental health, behavioural or neurodevelopmental conditions. Any future programme or pilot in Wales should build in evaluation from the outset. Evaluation should measure not only entry into work but also job quality, job duration, hours, pay, retention, progression, workplace adjustments, education and training outcomes, mental health and wellbeing, and young people's own definitions of progress.

Future analysis should also consider evidence from adjacent populations where direct

youth-specific evidence is limited. This may include working-age adults with common mental health conditions, people with severe mental illness, young people with physical health conditions, and wider groups facing health-related barriers to employment. Any transfer of learning should be clearly labelled as indirect and considered alongside Welsh policy, service and labour-market contexts.

Finally, relevant policy areas should be mapped alongside the evidence. This includes employability, education and training, mental health, neurodivergence, disability, welfare, fair work and youth policy. This would help identify where evidence is available, where policy is already moving ahead of the evidence, and where prospective evaluation or co-designed implementation would be most useful.

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Public Health Wales

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Appendices

APPENDIX A

SEARCH STRATEGY FOR MEDLINE, SCOPUS AND EPISTEMONIKOS

Bibliographic database searches:

Medline (Ovid)

Scopus (Elsevier)

Ovid MEDLINE(R) ALL <1946 to June 02, 2026>

Medline search history link

1 (neet* or "not in education employment or training" or NLFET* or "neither in the labo?r force nor in education or training" or "not in education employment or training" or "not in employment education or training" or "not participating in education employment or training" or "not participating in employment education or training" or "not being integrated into education employment or training" or "not being integrated into employment education or training" or "not engaged in education employment or training" or "not engaged in employment education or training" or "neither in employment nor in education or training" or "neither in work nor study" or "neither working nor studying" or "neither work nor study" or "neither in active employment nor in education or training" or "neither in employment nor education or training" or "neither in employment nor education and training" or "neither in work nor school" or "neither in employment nor in education").ti,ab. 496

2 (("neither work* nor enrol* in" adj2 education) or ("neither work* nor continu*" adj2 education)).ti,ab. 0

3 ("neither employment nor training" or "neither in school nor in employment" or "neither education nor employment" or "neither in school working nor seeking employment" or "neither in school nor in the workforce" or "neither education employment nor training" or "neither employment nor education" or "neither in school nor work*" or

"not studying not working" or "neither working nor attending school" or "neither in employment nor education*" or "neither work nor education" or "neither employment, education nor training" or "neither working nor going to school" or "neither worked nor studied" or "neither work nor education" or "neither education nor work*" or "not in employment education or daily activities" or "not being in education employment or training" or "not in education employment and training" or "not in school not employed" or "not in education or employment" or "not in education or work*" or "not study and do not work" or "neither studies nor works" or "neither in employment education nor training" or "neither in education employment nor training" or "not in employment or education and training" or "neither in education nor in employment or training" or "neither in employment nor in education or training" or "not in employment nor in education or training" or "neither in employment education or training" or "neither in education employment or training" or "neither working nor enrolled in school" or "neither working nor in school" or "neither been working nor studying").ti,ab. 164

4 ("drop* out" adj2 (education* or school* or college* or universit* or employment or work or training or vocation* or job* or labor or labour)).ti,ab. 795

5 ("disengaged young" or "disengaged youth*" or "disengaged teen*" or "disengaged adolescen*" or "economically inactive youth*" or "economically inactive young" or "economically inactive teen*" or "economically inactive adolescen*").ti,ab. 14

6 ((jobless or unemployed or unemployment) adj2 (young or youth* or teen* or adolescen* or juvenile*)).ti,ab. 528

7 1 or 2 or 3 or 4 or 5 or 6 1848

8 ("mental health" or "mental disorder*" or "mental illness*" or "psychological distress" or anxiety or depression or neurodiver* or neurodevelopment* or autism or autistic or ADHD or "learning disabilit*" or "behavio?ral condition*" or disorder* or developmental).ti,ab. 2714548

9 7 and 8 511

10 Unemployment/ or Student Dropouts/ 10194

11 Adolescent/ or Young Adult/ 2992379

12 exp Mental Disorders/ 1609234

13 10 and 11 and 121017

14 9 or 13 1464

15 (interven* or program* or scheme* or strateg* or initiative* or workshop* or project* or training or support* or service* or outreach or coach* or mentor* or counsel* or communit* or trial* or rehabilitat* or volunteer*).ti,ab. 9461309

16 14 and 15 840

17 limit 16 to (english language and yr="2010 -Current") **577**

Scopus

(TITLE-ABS (interven* OR program* OR scheme* OR strateg* OR initiative* OR workshop* OR project* OR training OR support* OR service* OR outreach OR coach* OR mentor* OR counsel* OR communit* OR trial* OR rehabilitat* OR volunteer*)) AND (TITLE-ABS ("mental health" OR "mental disorder*" OR "mental illness*" OR "psychological distress" OR anxiety OR depression OR neurodiver* OR neurodevelopment* OR autism OR autistic OR ADHD OR "learning disabilit*" OR "behavio?ral condition*" OR disorder* OR developmental)) AND (TITLE-ABS (NEET* OR "not in education employment or training" OR "not in education" OR "not in employment" OR "not in training" OR "drop* out of school" OR "drop* out of high school" OR "drop* out of education" OR "unemployed young" OR "unemployed youth*" OR "disengaged youth*" OR "disengaged young" OR "disengaged teen*" OR "disengaged adolescent*")) AND (LIMIT-TO (LANGUAGE , "English")) AND PUBYEAR > 2009 AND PUBYEAR < 2025

Results = 362

EPISTEMONIKOS

(title:("young people" OR "youth" OR "young adult*" OR "adolescen*" OR "school

leaver*") OR abstract:("young people" OR "youth" OR "young adult*" OR "adolescen*" OR "school leaver*")) OR (title:(("NEET" OR "not in education employment OR training" OR "out of work" OR "out of school" OR "socially excluded" OR "not in work" OR "not in employment" OR "not in education")) OR abstract:(("NEET" OR "not in education employment OR training" OR "out of work" OR "out of school" OR "socially excluded" OR "not in work" OR "not in employment" OR "not in education"))) AND (title:(("mental health" OR "mental disorder" OR "mental illness" OR "psychological distress" OR "anxiety" OR "depression" OR "neurodivergent" OR "neurodivergence" OR "autism" OR "autistic" OR "ADHD" OR "learning disability" OR "learning disabilities" OR "behavioural condition*")) OR abstract:(("mental health" OR "mental disorder" OR "mental illness" OR "psychological distress" OR "anxiety" OR "depression" OR "neurodivergent" OR "neurodivergence" OR "autism" OR "autistic" OR "ADHD" OR "learning disability" OR "learning disabilities" OR "behavioural condition*")))) OR abstract:((title:("young people" OR "youth" OR "young adult*" OR "adolescen*" OR "school leaver*") OR abstract:("young people" OR "youth" OR "young adult*" OR "adolescen*" OR "school leaver*")) OR (title:(("NEET" OR "not in education employment OR training" OR "out of work" OR "out of school" OR "socially excluded" OR "not in work" OR "not in employment" OR "not in education")) OR abstract:(("NEET" OR "not in education employment OR training" OR "out of work" OR "out of school" OR "socially excluded" OR "not in work" OR "not in employment" OR "not in education"))) AND (title:(("mental health" OR "mental disorder" OR "mental illness" OR "psychological distress" OR "anxiety" OR "depression" OR "neurodivergent" OR "neurodivergence" OR "autism" OR "autistic" OR "ADHD" OR "learning disability" OR "learning disabilities" OR "behavioural condition*")) OR abstract:(("mental health" OR "mental disorder" OR "mental illness" OR "psychological distress" OR "anxiety" OR "depression" OR "neurodivergent" OR "neurodivergence" OR "autism" OR "autistic" OR "ADHD" OR "learning disability" OR "learning disabilities" OR "behavioural condition*"))))) AND (title:((employment OR employability OR unemploy* OR vocation* OR "supported employment" OR "fair work" OR "good work" OR "job retention" OR "job readiness" OR "labour market" OR "return to work" OR "work participation")) OR abstract:((employment OR employability OR unemploy* OR vocation* OR "supported employment" OR "fair work"

OR "good work" OR "job retention" OR "job readiness" OR "labour market" OR "return to work" OR "work participation"))) AND (title:((intervention* OR program* OR initiative* OR scheme* OR training OR support OR rehabilitation OR "social prescribing" OR training OR "skills development" OR "job coaching" OR "vocational rehabilitation" OR "active labour market")) OR abstract:((intervention* OR program* OR initiative* OR scheme* OR training OR support OR rehabilitation OR "social prescribing" OR training OR "skills development" OR "job coaching" OR "vocational rehabilitation" OR "active labour market"))

APPENDIX B

DATA EXTRACTION TABLE OF INCLUDED STUDIES

Source and study details	**Results**	**Conclusions**
Reference: Bond, G.R., Swanson, S.J., Becker, D.R., Al-Abdulmunem, M., Ressler, D.R. and Marbacher, J. *Individual Placement and Support for Young Adults: One-Year Outcomes*. Final version available via DOI: 10.1037/prj0000580 **Study design:** Uncontrolled outcomes study/programme evaluation with one-year	**Method of data analysis:** Analyses were mainly descriptive. The authors used t-tests and analyses of variance to examine seven client characteristics and one site characteristic as potential correlates of outcomes: age group, race, ethnicity, self-identified gender, primary diagnosis, work history, justice involvement and agency type. Analyses included 91 comparisons; the authors	**Authors conclusions:** The authors concluded that IPS had promising outcomes for helping young adults with mental health conditions achieve employment outcomes, but its effectiveness in helping young adults achieve education goals had not been demonstrated. They stated that IPS

follow-up **Year conducted and duration:** Participant data were collected between March 2020 and June 2022. Follow-up was one year or until participants were terminated from the IPS programme. Recruitment was extended by six months to June 2021 because of COVID restrictions. **Intervention:** Individual Placement and Support (IPS) services for young adults. The article describes IPS as based on competitive employment, zero exclusion, attention to client preferences, rapid job search, targeted job development, integration with mental health treatment, personalised benefits counselling and individualised long-term	reported univariate significance at p=0.05 and noted a Bonferroni-corrected alpha of 0.0005. Statistical analyses were conducted using SPSS 25.0. **Main findings:** 130 young adults completed baseline enrolment. 19 early dropouts were excluded, leaving 111 in the final sample. 36 participants remained enrolled in IPS for the full 12 months, while 75 terminated before 12 months. Participants averaged 240 days of IPS enrolment. During follow-up, 51 participants were employed: 50 in a competitive job and 1 in a paid internship. 40 participants were in education. 76 participants were either employed or in education, and 15 were both employed and in education. Of the 51 who started a job after IPS enrolment, 33 began working within three months. The 51 participants who worked averaged 1.51 jobs; 19 held two	should be offered to young adults with employment goals and that targeted funding for supported education and training for IPS specialists may be needed. **Study strengths:** The authors described this as one of the first US studies examining IPS for young adults with common mental disorders such as depressive and anxiety disorders; it was a prospective multisite national study in real-world public mental health settings; and implementation quality was monitored using a standardised IPS fidelity scale adapted for young adults. **Study limitations:** As it

support. There was no control intervention **Setting:** United States public mental health system. Ten IPS programmes volunteered; one site withdrew, leaving nine participating sites across five states: California, Kentucky, Minnesota, South Carolina and Wisconsin. **Outcome measures:** Outcomes were retention in IPS, employment and education. Employment outcomes included job acquisition, time to first job, days worked, percentage of days worked during IPS enrolment, earnings, hourly wage and hours worked per week. Education outcomes included attending an education programme, education level and days in education, with education	or more jobs. For education, 40 participants had education outcomes, of whom 30 had continuing education and 14 began a new education programme; four participants had both new and continuing education outcomes.	is an uncontrolled design the outcomes could not be causally attributed to IPS; limited statistical power; exploratory predictor analyses; COVID affected the study; site withdrawal, staff turnover and participant dropouts affected validity; supported education implementation was inadequate; outcomes were collected by IPS team leaders rather than independent research assistants; data quality, reliability and validity were unknown; and findings may not generalise outside the US. **Notes/comments:** no comparison group, so effectiveness cannot be established. Outcome collection by IPS team

classified as continuing education or new education. IPS fidelity was assessed using the IPS-Y or IPS-25. **Participant recruitment and numbers:** IPS sites were asked to prospectively enrol newly admitted young adults. Eligibility criteria were: age 16–24, diagnosed psychiatric disorder, not competitively employed, interest in competitive employment and/or mainstream education, no prior IPS enrolment, and no legal or other restriction preventing participation. A total of 130 young adults completed baseline enrolment, 19 early dropouts were excluded, final sample was 111. Mean age was 19.2. 72 participants had never		leaders also raises risk of measurement bias. Retention was limited, with only 36 of 111 remaining enrolled for 12 months. These are article-reported limitations rather than additional inferred judgement.

worked, and 76 had depressive and/or anxiety disorder.		
Reference: Sveinsdottir, V., Lie, S.A., Bond, G.R., Eriksen, H.R., Tveito, T.H., Grasdal, A.L. and Reme, S.E. (2020) '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. **Study design:** Two-arm randomised controlled trial comparing IPS with traditional vocational	**Method of data analysis:** Group comparisons were reported using p-values, Cohen's d, odds ratios and 95% confidence intervals for employment outcomes. Unadjusted analyses and adjusted post-hoc analyses for secondary health-related outcomes were reported and adjusted for baseline and missing data. **Main findings:** Baseline questionnaire data were available for 50/50 IPS participants and 46/46 TVR participants. Six-month follow-up questionnaire data were available for 42 IPS	**Authors conclusions:** The authors concluded that IPS was effective for young adults at risk of early work disability, was superior to traditional vocational rehabilitation in increasing competitive employment and promoted improvements in some non-vocational outcomes. They stated that IPS services should be offered to improve employment rates in this group.

rehabilitation. **Year conducted and duration:** Recruitment took place from June 2014 to December 2016. Outcomes were collected at baseline, 6 months and 12 months. **Intervention:** IPS delivered by two trained job specialists, supervised by an IPS team leader and advised by an external IPS trainer. IPS focused on competitive employment, avoided prevocational training and subsidised/unpaid work, did not screen for job readiness, was guided by client preferences and included ongoing support after employment. Because participants had varied social and health-related challenges that did not necessarily involve mental illness, integration with mental health treatment was	participants and 27 TVR participants. Twelve-month follow-up questionnaire data were available for 33 IPS participants and 28 TVR participants. Primary employment outcome data were available for 46 IPS participants and 37 TVR participants. **Competitive employment:** 22 IPS participants and 3 TVR participants obtained competitive employment during 12 months; OR 10.39, 95% CI 2.79–38.68, p<0.001. Ever worked ≥20 hours per week: 14 IPS participants and 2 TVR participants; OR 8.75, 95% CI 1.83–41.75, p=0.002. Hours worked: IPS mean 140.02 hours, SD 249.36; TVR mean 13.95 hours, SD 55.48; p=0.002. In unadjusted analyses, groups generally did not differ on secondary outcomes, except for subjective health complaints and helplessness at 6 months, and	**Study strengths and limitations:** The authors reported issues including incomplete follow-up: 12-month respondents were more likely than non-respondents to be female and to have more than a high school education. Data on weeks from enrolment to first job and weeks worked at longest-held job were insufficient and not reported. Fidelity varied over time: five fidelity reviews were conducted, total score increased from 47 to 77, and three of five reviews were above the cut-off for "fair" fidelity. **Notes/comments:** inco mplete follow-up, insufficient data for some employment outcomes, and variable IPS fidelity.

not implemented, although job specialists contacted health personnel where applicable and accepted by the participant. IPS was offered for up to three years **Control:** Traditional vocational rehabilitation, described as a "traineeship in a sheltered business". This involved testing work capability and providing preparatory work training adapted to individual challenges and skill level in a sheltered setting with close follow-up. It was offered for up to two years. **Setting:** Norway. Participants were referred through the Norwegian Labour and Welfare Service (NAV), including one central and nine local labour and welfare offices and a district	hopelessness at 12 months, favouring IPS. In adjusted post hoc analyses, IPS participants reported significantly more positive effects for anxiety, subjective health complaints, pseudoneurology, helplessness, hopelessness and drug use at 6 months; subjective health complaints, helplessness, hopelessness and drug use at 12 months; and lower disability and more optimism about future wellbeing at 12 months	Also, the IPS principle of integration with mental health treatment was not implemented because the study population did not necessarily have mental illness

psychiatric centre. **Outcome measures:** **Primary outcome:** any competitive employment during 12-month follow-up, defined as paid employment in the competitive labour market, excluding subsidised or unpaid work. **Secondary employment outcomes:** working ≥20 hours per week and total hours worked. Secondary health-related outcomes included physical and mental health, wellbeing, coping, alcohol consumption and drug use. Data were collected using questionnaires at baseline, 6 months and 12 months; non-respondents were contacted by phone, text and email, and IPS logbooks were used for some IPS participants when		

contact was not obtained. **Participant recruitment and numbers:** aged 18–29; not in employment or education; receiving temporary benefits from NAV; required to keep an activity plan involving treatment and/or vocational rehabilitation while work ability was assessed; eligible for traditional vocational rehabilitation; interested in help to obtain competitive work; sufficient Norwegian language skills. 163 people attended information meetings; 65 were excluded or declined; 98 were randomised; 2 were excluded after randomisation; final sample was 96. IPS n=50; TVR n=46. The abstract reports 68% men.		

Reference: 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), e0216226. doi:10.1371/journal.pone.0216226. **Study design:** Parallel randomised controlled interventional study **Year conducted and duration:** Recruitment took place from 3 January 2011 to 2 January 2012. Follow-up was 12 months after inclusion. **Intervention:** Participants	**Method of data analysis:** Analyses were performed on the intention-to-treat population, except for results specifically reported as per-protocol. Comparisons between intervention and control mainly used χ^2 tests, or Fisher exact tests where sample sizes were too small. Subgroup analyses were conducted by gender, age group, type of housing, level of education and centre. **Main findings:** 976 participants were included. 704 participants were included in the analyses. The article reports that 72.1% were included in analyses. The article also reports that only 65% of participants in the intervention group actually attended a social and preventive medicine consultation. Training participation was higher in the intervention group than in the control group during the 12	**Authors conclusions:** The authors concluded that social and preventive medicine consultations fully integrated into social services for NEETs had an impact on access to training and contributed to changing some health-related behaviours, which may improve access to the labour market. **Study limitations:** Limitations included that only 65% of intervention participants attended the consultation; one third did not want the service; routine implementation would need strategies to improve motivation; wider implementation would require greater formalisation of the consultation content; and

were randomised to three groups: invitation to see a social worker; invitation to see a doctor and a social worker; or control. The paper reports the comparison between the combined doctor/social-worker intervention group and the control group. The intervention was offered just after randomisation and participants had one year to see the professionals. **Control:** Usual social services offered by Missions locales. Control participants were not encouraged to meet with a doctor or social worker, but could make an appointment when necessary, mainly through referral by their counsellor **Setting:** Five Missions locales in mainland France: Clichy, Sénart,	months following the intervention: 63.3% versus 55.6%, p=0.04. The difference was greater for women, those aged less than 21, those unstably housed and those with a lower level of education. The intervention did not improve perceived overall health compared with control. The article also reports higher psychologist contact in the intervention group: 16.8% versus 8.8%, p=0.002; 37 intervention participants who visited a psychologist did so at least twice.	not all Missions locales may have access to experienced primary care physicians. **Notes/comments:** attrition, partial uptake of the intervention, and uncertainty about implementation if rolled out beyond centres with experienced physicians.

Toulouse, Poitiers and Reims. Missions locales are described as services for young people aged 16–25 with no training and no job, providing information, vocational guidance and support. **Outcome measures:** **Primary outcome:** participation in at least one training session during the year following study inclusion. **Other outcomes:** Other outcomes included access to employment during the year following inclusion, perceived health status, health insurance, supplemental insurance, regular GP, seeing a psychologist, unmet health needs, health knowledge and health-related behaviours.		

Participant recruitment and numbers: All young people aged 18–25 who came to one of the five Missions locales for a second time were invited to participate. Participants were ineligible if they were unable to speak or understand French. The study included 976 NEETs aged 18–25 who attended one of the five Missions locales. 504 were randomised to the intervention group and 472 to the control group. The article reports 50% female in the intervention group and 54% female in the control group.		