

Mental Health and Benefits – Research Report

Introduction and Research Focus

During 2017/2018 Citizens Advice Merton and Lambeth (CAML) Research and Campaigns are looking at the impact of mental health for our clients. This first research report focuses on the problems clients who are affected by mental health face when claiming benefits, asking the question:

Does having a mental health condition disproportionately affect a person's eligibility for welfare benefits?

Methodology

Research has been conducted through these short, easy to complete micro-volunteering activities:

- A summary of national Citizens Advice (CA) research and other relevant research focusing on the question presented.
- An Analysis of the data held on the CAML client database
- A survey of 18 CAML staff and volunteers, all in client-facing roles, about their experiences
- A more detailed scripted interview of 3 CAML staff/volunteers.

Our Research

Our review highlights a significant - and rising - number of people affected by mental health are seeking support for benefit issues. Over the last three years, welfare benefits have become the largest area of advice for CA across the UK, accounting for one third of the support CA delivers nationally. Within this the Personal Independence Payment (PIP) has been the benefit CA received the most enquiries for support about (CA, 2016). CA reports that mental health is the most common health issue affecting clients (Rahman, 2017). In 2016 58,534 people affected by mental health approached CA across the UK for help with their welfare benefits (Corture, 2017). CA reports that clients affected by mental health can find it harder to manage practical aspects of life and “in turn these practical problems can worsen people’s mental health.” (Corture,2017).

CA research also highlights that “the lack of parity between mental health and physical health conditions means people with mental health problems can struggle to score points on welfare benefits assessments and provide evidence for their condition” (Corture, 2017).

The majority of CAML staff and volunteers participating in the research reported that clients affected by mental health are disproportionately disadvantaged when it comes to claiming benefits. This is based on personal experience of people working regularly with clients, right across our services. Most considered it difficult to accurately assess how often they encountered this problem, but it was clear that most experienced it to some degree regularly, with one CAML respondent reporting that he/she saw twenty such clients a week.

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Our research suggests that this problem is most evident in relation to Employment and Support Allowance (ESA), which was mentioned specifically by 66% of CAML respondents. The problem was also identified by respondents in relation to other benefits including PIP, Universal Credit, Job Seekers Allowance, Housing Benefit, Attendance Allowance and Child Tax Credits.

Although we do not routinely ask clients for details of their health a number disclose health conditions to us. Our analysis from June 2016 - June 2017 suggests that mental health problems:

- Are a factor in many cases: 12% of our client assessment records mention common mental health conditions.
- Are almost twice as common in ESA and PIP cases: 21% of ESA and 23% of PIP related assessment records mention the same common conditions
- Are more likely to require the support of highly trained advisers and a dedicated appointment: 37% of cases where mental health was mentioned, compared to 27% on average.

From our research the following specific areas of concern with regard to benefits emerged for clients affected by mental health, which are summarised here:

The process of claiming benefits

Overall CAML respondents felt there was a need for a welfare benefits culture that was more accommodating to the needs of clients affected by mental health, a system which was easier to use, responsive, easier to understand and in which people/clients are treated with kindness and consideration. CAML respondents explained many of the ways in which engaging with the benefits

system is difficult for people with mental health symptoms, which include general anxiety, mental fatigue, panic attacks, poor concentration, poor memory or memory loss, low self-esteem and depression.

Respondents quoted examples of clients with mental health problems:

- Being too scared to open letters.
- Being ignored.
- Finding activities such as form-filling and job-searching too stressful.
- Feeling unable to travel to appointments and interviews.
- Being affected “particularly badly by the limit on the backdating of ESA, and the bar to making an ESA claim when a previous one has been rejected”.

One CAML respondent noted “during the mandatory reconsideration phase for ESA appeals, we advise clients to apply for JSA. Many do not do so because they cannot cope with meeting all the requirements faced by job seekers. They would sooner face hardship”. Of the overall claims process one CAML respondent wrote:

“...people know the [application] form is only the start of the battle. After that they have to go to assessment, then challenge the likely result, and then appeal. It’s all far too daunting for too many people”.

Another CAML respondent wrote: “People find the benefits system intimidating and feel it’s against them, rather than for them”.

The benefits process can negatively impact clients' health

Many respondents told us of how they feel that some of the worst aspects of the benefits system can contribute to deterioration in some mental health conditions, especially as a result of the stress and anxiety it can cause. This, in turn, can make it more difficult for clients to engage in the process of claiming benefits or challenging decisions.

CA considers that the lengthy process of appealing for PIP can cause deterioration in mental health and problems with sustaining or gaining employment. This is a particular issue when claimants who use aids or appliances for daily living lose access to them, creating serious challenges to their routines and independence during the wait (CA, 2016). One CAML respondent also stated as an example of the type of problem people can face: “people having to change from DLA to PIP who have mental health issues...lose their mobility vehicle...”.

A specific issue CA advisers report is that decisions to disallow PIP appear to trigger an ESA assessment, and vice versa. The prospect for clients of having to attend two assessments within a short space of time, potentially going through sequential appeals, and the reduction in finances that may result, is causing considerable amounts of stress and anxiety (CA, 2016). Also some CAML respondents said that clients may find themselves with no income whilst going through the lengthy process of claiming ESA, and this has an adverse impact on their health. A number of respondents felt that clients would rather give up than complete the claims process or appeal against its decision.

One respondent said that a client had expressed suicidal thoughts as a result of the claims process.

Likelihood of Sanctions

Data from Mind (a mental health charity) reported that during 2014, almost 20,000 people who were out of work because of their mental health received benefit sanctions (Mind,2015). When a person is sanctioned it means their benefits are stopped because they are thought to have not complied with the rules of the benefits they are claiming. For example, people can be sanctioned if they fail to participate in work related activity including missing appointments or not being on time for meetings or workshops. As Mind points out “...many people with mental health problems find it difficult to participate in these activities due to the nature of their health problem and types of activities they are asked to do which are often inappropriate.”(Mind 2015).

This was supported by at least one CAML respondent who said: “I strongly suspect people with mental health problems...are much more likely to be sanctioned. They simply find it too difficult to match the disciplines demanded by the DWP (Department for Work and Pensions). (e.g. time-keeping and record-keeping). Such people are also much less likely to appeal the sanction system. Perhaps worst of all, benefit problems actually create extreme stress and depression and other mental health issues”.

Another told us: “...how they suffer [is that] they are then not eligible for this benefit, have to go on [to] another i.e. JSA and then are sanctioned because they are unable to sign on as they aren’t well, which has a knock-on effect making their mental health issue even worse as they now have no money”. And another said “... those not eligible for PIP have to apply for ESA but are sanctioned because they cannot sign on through ill health and this makes their mental health condition worse”.

Completing Claim Forms

CAML respondents felt that the symptoms of mental health conditions often prevented clients from completing the claims process fully and reliably, affecting their chances of a successful application. Several CAML respondents felt that welfare benefit application forms are too complicated to complete, e.g.: “The ESA and, especially, PIP forms are...intimidating”. One respondent said clients with mental health problems lack confidence to complete forms. Another said “...they [clients] do not find anyone to help with their applications and the applications are long...” One CAML respondent replied: “...there is a need to look into helping people with forms, explaining to them what they really need to answer and to prove in order to claim the benefit...”

The Disability Benefits Consortium (DBC) reports that nearly half of clients applying for PIP found the timescales are too tight: one month deadline to obtain evidence, complete a claims form and return it to the DWP (DBC,2017).

We also found that clients with mental health problems, in common with people with physical health problems, but perhaps less often noticed, experienced difficulties travelling to assessment centres, with respondents highlighting agoraphobia and schizophrenia, or a ‘fear of going out’. CA have highlighted that claimants are often asked to travel long distances to inaccessible assessment centres (CA, 2016).

Applications, points and descriptors

Our respondents told us that the system, in which points are scored for answers as they relate to descriptors (a list of standard statements describing what you can or can't do against each daily living and mobility activity), which then determines an award and its level, disproportionately affects people with mental health conditions. Some CAML respondents stated that clients had “difficulties concentrating and presenting their evidence confidently owing to their condition and/or its treatment” whilst others felt that clients were at a loss to adequately describe how their condition affects their ability to perform everyday activities, as required by some claims processes.

One CAML respondent said that clients affected by mental health “...struggle to articulate and prove their mental health problems to assessors, or sometimes Tribunals.... A physical disability is much easier to prove”. CAML’s specialist disability adviser explained that “the essence” of many of the questions on the PIP and ESA do not adequately respond to the symptoms of mental health conditions, as much as they do physical disabilities, explaining: “people seem to struggle with keeping to the essence of the question... for example:

“Can you socialise?”

“I don’t go out at all”

[this answer] would score zero points because the claimant has not justified why he or she does not go out, therefore the Health Care Professional and the subsequent decision maker can conclude that the claimant chooses to stay indoors because they prefer it”.

And similarly:

“Can you walk 200 metres?”

“Yes, but it feels like walking through treacle”

In this case no points will be scored [meaning the client is less likely to receive PIP, or less likely to receive the higher-level award]”

Another problem was explained by our disability specialist: “unfortunately, if they answer a question that would score points, but have inadvertently put the answer in the wrong box, they will not score. The DWP will not take the initiative, and score it for what it is”.

In March 2017 the system used for the mobility component of PIP applications changed considerably, adding the words “for reasons other than psychological distress...” to the start of many of the descriptors used to assess answers to questions about planning and following journeys. For example descriptor “cannot plan the route of a journey” has changed to “for reasons other than psychological distress, cannot plan the route of a journey”. According to our specialist, this has had “a profound affect on people with mental health issues” because “the maximum points available would be 10”, and consequently no enhanced award for mobility will be made.

Our respondents told us that the enhanced rate of mobility component of assessment cannot be achieved by people affected by mental health alone. Rahman points out that the government position on the scoring of PIP applications is that “higher scoring

descriptors should be reserved for those with physical or cognitive impairments only” meaning that people with mental health conditions alone are less likely to achieve higher awards of PIP. CA has consequently asked the Government to look again at how mental health is treated under the mobility component of PIP (Rahman 2017).

Gathering Evidence

CA reports that the systems/processes for the collection and submission of evidence are inadequate and that this leads to inaccurate assessments. Health and social care professionals face a lack of clarity about what to submit, as well as challenges with the cost and timescales. People applying for PIP are only encouraged to provide evidence that they already have, and are informed not to delay their claim by seeking additional evidence. The DWP advise against claimants going to their GPs for evidence because of the timescales and cost, though they are often the first port of call for claimants (CA 2016).

The Disability Benefits Consortium (DBC) states that the majority of people claiming PIP had problems gaining supporting evidence from health and social care professionals (DBC, 2017). Mechanisms for obtaining evidence were considered inadequate e.g. appointments with these professionals were often difficult to obtain, and some did not consider evidence provision to be their role. There was also reluctance from assessment providers to request additional evidence on claimants’ behalves, instead placing emphasis on their assessments (CA, 2016; DBC, 2017). CA considers this particularly detrimental to clients who have fluctuating conditions that are hard to measure in a single assessment (CA, 2016), as is the case with some mental health conditions.

The DBC also suggests that, in some cases, evidence submitted is not then read by the assessor prior to the assessment (DBC, 2017). One CAML respondent felt that evidence from health professionals in support of claims is easily overruled by the assessor. Our disability specialist concluded that: “[evidence gathering] is certainly a sticking point for mental health, for various reasons including embarrassment and cultural reasons”. Both these issues presented barriers to gathering evidence, for example amongst communities in which there is considerable stigma associated with mental health problems.

In particular, the relationship with the GP was brought into focus, with the conclusion that some claimants do not experience good support in gathering evidence from their GP. CA say their advisers often seek evidence from health and social care professionals on behalf of clients as they often have more contact with clients and a better understanding of how the clients conditions affects them and in some cases provide more useful reports than GPs (CA, 2016). Our disability specialist told us that “quite a few clients do not have a particularly good relationship with their GPs or their GPs are reluctant to assist in a constructive way”.

Inadequate Assessments

CA state that clients claiming both PIP and ESA gave reports of their assessments being rushed (CA, 2016) whilst one CAML respondent felt that assessors were not adequately trained in mental health issues.

Suggestions for Improving Our Service

CAML offers a range of support services designed to help people with benefit enquiries, including helping people access information, assessing problems to find the best next steps (including signposting or referral to other agencies) and advice appointments to help with complex cases. We do not offer any services aimed specifically at helping people affected by mental health. We asked people at CAML about our current service provision and our relationship to other services, and asked for recommendations for improvements.

There are some differing views on the best use of CAML resources towards helping this particular client group. One respondent felt that CAML was already doing everything possible within its remit, whilst another did not feel it can do anything different to support these clients “without moving into specialised areas “. Others, however, could see that there are things that we could do as a service which would improve our support for people in these circumstances, and some themes have emerged which offer some opportunities.

Improving support for CAML Clients

It was suggested that CAML could make practical adjustments to better support clients affected by mental health. For example, by looking at how the reception areas are set out and identifying quiet areas if clients find it too busy. Another suggestion was around arranging appointment times to better suit needs of clients affected by mental health by factors such as the impact of their medication for example and in positioning of desks, chairs and lights.

As well as the above, the following further suggestions for improvement were made by CAML respondents:

- Provide 'a clearer understanding on what we (CAML) can do to assist', broken down by role.
- Help clients with the letters they receive.
- Remind them about key claims appointments, interviews and deadlines.
- Provide legal representation at appeals if funding was available.
- Provide leaflets in waiting rooms that outline the difficulties of claiming benefits, and giving tips.
- Advocacy: Several CAML respondents told us there is a need for a reformed, supportive welfare benefits assessment system e.g. "...to make it quicker, easier and user friendly, with more weight given to evidence from health care experts involved with each client." In this context, a couple of CAML respondents said that CA should continue to campaign for clients with mental health conditions who are claiming benefits. One respondent suggested that CAML could keep clearer records on vulnerable clients to support this.
- Take ownership of cases rather than sign-post through longer term casework/more time to work with clients.

As well as advising clients ourselves, CAML has a role in connecting clients to other sources of support, which is often referred to as signposting. We asked our staff and volunteers about how they felt about this part of the service – how often they signpost and who they signposted clients to, as well as their suggestions to improve in this work.

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Overall, it was generally considered by CAML respondents that more support should be provided for clients affected by mental health when applying for welfare benefits. Several respondents felt there was none at all, or they did not know of any. One wrote “I am not aware of anybody that can do good quality benefit work for clients with mental health issues”. This suggests that there is no specialist provision that combines advice and a focus on mental health and benefits. In order to provide specialist support to some degree, CAML will need to improve its connections to mental health organisations, or increase its capacity and skills internally, or a combination of the two.

There is an acknowledgement that people with mental health conditions may well benefit from services outside of CAML, and where CAML respondents felt able to sign-post, one respondent said: “I normally tell clients to see their GP, speak to family and friends for support, call the Samaritans if necessary, ask GP to make a referral to see a therapist and/or counsellor...contact charities such as Mind, Sane, Mental Health Foundation, Depression Alliance and British Association for Counselling and Psychotherapy’.

There are a significant number of services available, both locally and nationally, aimed at supporting people with their mental health. The online search identified the following organisations to which clients affected by mental health can be signposted for support with claiming benefits:

Organisation	Advice and Support
Mind Infoline	Provides information and support about benefits system to people affected by mental health.
Brixton Mind support group	Provides care and emotional support to local people affected by mental health.
Turn2Us	Provides online help to all people in financial hardship in gaining access to welfare benefits.
SANE	Researches, campaigns and provides emotional support information and guidance on behalf of and to people with mental health issues both online and over the phone.
Rethinking Mental Illness	Online advice and info for people affected by mental health, including benefits and advice. No local support group in CAML area.

Where signposting is not happening as effectively as it could, there are some reasons given. One CAML respondent stated that she could not always do so because of lack of time. Client capacity is another challenge, with one person telling us it was “mostly” possible to sign-post clients but “...*(it)* depends on *(the)* clients capacity ...”. Another made the point that it was “...difficult for some clients with mental health problems to take on board information given to them, whilst some did not feel happy when signposted to another organisation, perhaps because it would involve explaining their problems to a stranger”.

It is probably the case that most CAML staff and volunteers are aware of many of these organisations, and do effectively signpost to them and others, but not all of these groups were mentioned consistently by respondents, suggesting that awareness of signposting options could be improved. It could also be possible to look to forge closer relationships with some or all of these agencies, particularly those working locally, to improve the way that clients find out about services.

In particular, the relationship between the client and their GP (and potentially to some degree the relationship between CAML and the GP of the client), could be improved. There is an assumption that the GP will help clients connect to services, and help people with the medical aspects of their applications. However, there are indications that this key relationship could be helped to work more effectively in relation to benefits applications specifically. One CAML respondent suggested that clients “need to be given set questions for their GP to answer on their behalf to secure their argument”. Another suggested CAML should “forge closer working relationships with GPs and local mental health teams so clients can make appointments more easily”. Our disability specialist made the points that “communication with GPs is not effective” at present, and that “confidentiality is a big issue here – even with a client’s authorisation medical services are very protective of patient information which is understandable”.

Training for CAML client-facing roles

A number of CAML respondents suggested that bespoke internal training would be helpful and would improve confidence. This might include:

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- Mental health awareness: i.e to gain an improved understanding of what clients “are going through and what they face on a daily basis”, on “approaches and procedures” and also “vulnerability training”
- The technical aspects of the application process, with advisers “...given an explanation of what they need to answer and to prove on the application form in order to be successful”.

Another suggested that CAML advisers “...need to dig deeper...gauging medication strengths and coming up with questions that will support their claims...”. Both of these observations are connected to the skills and confidence of CAML staff and volunteers, particularly advisers.

Our disability benefits specialist explains that: “a basic knowledge of medication is important... advisers should have a knowledge of antidepressants, anti-psychotic and other such medications and also an idea of dosage and likely side affects”. This would help understand how best to manage both the client (e.g. length of appointment) and also the case (e.g. severity of the condition).

CA has recommended that the Government provide clear upfront guidance on what evidence is most appropriate at each stage of the PIP application process, and that illustrative examples may be useful for both claimants and professionals providing evidence (CA, 2016). It also suggests that the DWP and Department of Health (DOH) review options on funding for evidence, which could include agreements with health care professionals, direct funding or a cap on what a claimant can be charged (CA, 2016).

Additionally CA has recommended that the DWP and assessment providers review how they gather additional evidence, and investigate options for prompting assessors to request it appropriately, including contacting experts listed in an application more routinely. Also, to make it easier for both DWP and providers to monitor additional evidence, CA has advised that options for a

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central filing system should be explored (CA, 2016). In any case, CAML could support clients with clearer guidance and possibly training around evidence gathering for disability benefits in general and especially focusing on mental health conditions.

In addition, CAML respondents made no reference to any factsheets or handbooks that they give or recommend to their clients. The online search identified the availability of the following:

Name and author of document	Summary of content
'Personal Independence Payment' (DWP)	Extensive information about all aspects of PIP applications, but non-specific to mental health.
'Applying for PIP' (Mind)	Overview of PIP for people with mental health including how to prepare for assessments.
Factsheet on ESA (Mind)	Provides advice on ESA and related assessments specific to mental health.
'ESA Handbook' (Benefits and Work)	Provides advice to people with mental health issues when making ESA claims. Only available to subscribing organizations or members.

It is possible that CAML staff and volunteers could be made more aware of these sources of information to help support clients.

Conclusions

Our research illustrates that people affected by mental health are disproportionately affected in their eligibility for and access to welfare benefits. Many people who claim welfare benefits, according to our research, whether affected by mental health or not, face a challengingly complicated and often gruelling process. How challenging, and in what ways, depend on many factors, and mental health is one of those. It is a significant factor in the experience of many of our clients, and one that appears to make many of the problems with the benefits system worse.

To summarise:

- Claiming benefits can be a long, complicated and arduous process. Completing the form, gathering evidence, attending assessments, understanding outcomes and where necessary challenging rulings can be difficult for anyone. Having a mental health condition does not necessarily make this worse, but the experience of our advisers is that having conditions such as anxiety and depression, or psychotic illnesses, is likely to increase the difficulties people experience. This can put people off making applications, or challenging decisions, and this can result in clients not receiving the financial support they should.
- The arduousness of the process and the stress it causes can lead to a worsening in the mental health of some people. In particular this is the case when challenging an assessment, especially if the client is at any point left with a reduction in income, which can be the case. That this is happening does not appear to be recognised by those who manage the process.
- It is likely that the fluctuating nature of mental health conditions, their complexity and the lack of specific knowledge and training in mental health amongst assessors and decision makers leads to incorrect assessments.

- Issues around mental health can be particularly difficult to explain, and this is especially relevant in the case of applying for challenging ESA or PIP. The points-based system for these disability benefits rely on questions and descriptors which do not adequately reflect the nature of many mental health conditions.
- The law has changed to make it harder for people suffering with mental health conditions to gain points in PIP applications. The addition of the term “for reasons other than psychological distress” reduces the weight given to mental health conditions in decision making considerably, and effectively prevents anyone making an application on the basis solely of mental health problems from attaining the higher rate for the mobility component.
- Our advisers think that often mental health issues are harder to prove. There are inadequate systems for obtaining and using evidence in support of claims, which impacts particularly badly on clients with mental health issues whose condition may fluctuate. Also, stigma and cultural issues mean that mental health problems are less likely to be talked about openly, even with GPs in some cases. Mental health conditions may also not be well understood by the people assessing claims who do not receive specific training in the issue.
- Many factors could be affecting the relationship that a client has with their GP, who is the main source of evidence in support of claims. Our advisers have mentioned that the evidence gathered through this relationship could be more helpful than it is.
- People affected by mental health are sanctioned. This is likely to be because of the nature of the illness affecting their ability to meet conditions, and this not being adequately accounted for.

This research identifies areas in which further research is required, but the work we have done so far also provides an opportunity to raise awareness amongst decision makers and support services both locally and nationally.

Our research also suggested that these are a collection of problems which we are in a position to help with. We are already providing support to people affected by mental health, but there are some clear ways in which this could be improved through improving support for our clients, preparing our staff and volunteers, developing resources to help clients and connecting with other support agencies more effectively.

Recommendations

Improving CAML support for clients

- CAML is committed to developing and implementing adjustments to better support clients affected by mental health. This might include, for example, identifying quiet areas if clients find reception areas too busy, schedule appointment times to better suit impact of say medication on clients, positioning of desks or lights.
- Continue to strengthen our working relationships with organisations supporting individuals affected by mental health ensuring they and their clients are aware of the range of services we provide and we understand their services and support.
- Ensuring our staff and volunteers are fully supported in their understanding of mental health (see below) which, in turn, helps them to better support our clients.

Support for CAML Staff and Volunteers

- As above ensure our staff and volunteers are better supported in their understanding of mental health including training.

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- Develop a comprehensive and accessible list of key mental health support organisations working in Lambeth and Merton.
- Develop new guidance for Advisers to help them with issues of form filling and evidence gathering (as identified in the report) with the support of specialists.

Raising Awareness

- Share our research with national CA to support research and campaigning at a national level.
- Share our research with other organisations supporting clients affected by mental health (both local and national)
- Develop CAML's communications and engagement to raise awareness of our research and the issues raised.

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Citizens Advice Merton and Lambeth, 326 London Road, Mitcham, London, CR4 3ND. Charity No: 1046018. Company registration number: 2914384