

EMPLOYMENT AND SUPPORT ALLOWANCE (ESA)

As Experienced By Those Affected By Mental Health

Introduction

In December 2017, we published our first Micro Volunteering¹ report on Mental Health and Welfare Benefits which can be seen [here](#).

Following the publication of the report and the positive feedback received, our micro volunteering team decided to build on the evidence and focus on two specific allowances – Employment and Support Allowance (ESA) and Personal Independence Payment (PIP).

This report focuses on how ESA is experienced by individuals who are affected by mental health. The report highlights the experiences of individuals with a mental health diagnosis, individuals concerned about their mental wellbeing, family members & carers, CA Merton and Lambeth volunteers and staff members from CA Merton & Lambeth and other organisations. We explain ESA and then focus on individual experiences from first awareness of the benefit to challenging decision and sanctions.

¹ Micro Volunteering – With the support of the Martin Lewis Foundation, CA Merton and Lambeth has been working with a national Citizens Advice programme to research and campaign issues affecting our clients through short, bite-sized volunteering opportunities called micro-volunteering. Our micro-volunteers – including clients, existing service volunteers, staff and professionals from other organisations - have shared their insights through surveys and interviews.

What is ESA?

ESA is intended to give financial support to those who are unable to work (or have limited capacity for work) due to sickness and/or disability. ESA was originally introduced in the UK in 2008 for new claimants. From 2011 people already in receipt of Incapacity Benefit were migrated across to ESA.

There are two types of ESA – a) income-related which is means tested and takes into account any savings and/or capital a claimant may have (including a partner's salary/capital) and b) contributory which is based on the claimants National Insurance contributions. ESA cannot be paid at the same time as Statutory Sick Pay (SSP) for people who are employed, but can be claimed towards the end of SSP entitlement.

If you claim ESA you must have a work capability assessment unless you're automatically classified as having limited capacity for work, for example if you have a terminal illness. This is to see to what extent your illness or disability affects your ability to work. While claimants are waiting for an application to be assessed, they will receive the 'assessment rate', irrespective of which type of ESA is being applied for.

Prior to 3 April 2017, there were two components of ESA (for both income-related and contributory) - work-related activity component and support group. From this date, the work-related activity component has been abolished for new claimants (existing claimants can however continue to receive it, although for contributory ESA this is limited to 365 days). If individuals are receiving the work-related activity component, they're expected to attend regular interviews with an adviser and complete some activity to support your return to work either now or in the future. This, for example, could be attending work-focused interviews with a job coach at a local Jobcentre Plus or training. If placed in the support group, there is no expectation to look for work.

There is an additional amount of ESA paid if the claimant is one of a couple (income-related ESA only). Help with mortgage interest payments can also be made through income-related ESA although a waiting period of 39 weeks normally applies after the initial claim is made.

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For many parts of the UK, Universal Credit (UC) is now in place which replaces six legacy benefits (income-related ESA, income-based jobseekers allowance, income support, housing benefit, working tax credit and child tax credit). As part of the claim for UC, people will be asked if they have limited capacity for work due to illness/disability. This, like ESA, will be determined at a work capability assessment. As with ESA, there is no equivalent of the work-related activity group under UC. Claims for contributory ESA can continue to be made if the client has sufficient National Insurance contributions.

In 2017 CA Merton and Lambeth advised on 1,184 queries relating to ESA.

Requests for our advice and support ranged from assistance completing application forms through to advice/support with appeals. In terms of numbers of queries there were two priority areas. There were 193 queries about challenging an initial decision following an application (often this is a 'mandatory reconsideration'). There were 245 queries relating to advice/support to formally appeal a decision with the courts, the next stage in the process after an initial challenge is rejected.

56% of clients approaching us with ESA queries were female and 44% male with an age range from under 19 to 75-79 years of age. The majority of clients were aged between 45 and 64 (45-49 14%, 50-54 20%, 55-59 24% and 60-64 17%) and 49% of our clients were single. 23% of ESA clients had a mental health diagnosis but many more were concerned about their mental wellbeing or were carers/family members of people affected by mental health.

The most recent UK data (May 2017) reports 2.4 million people received ESA, Incapacity Benefit or Severe Disablement Allowance. Almost two-thirds (66%) of ESA claimants were in the support group, 17% in the work-related activity group, and 13% in the assessment phase. The phase could not be determined for the remaining 3% [click link](#).

Recent government statistics report that between October 2013 - March 2017), 60% of all ESA decisions where the claimant had been deemed fit for work were overturned on appeal [click link](#).

The remainder of the report focuses on individuals' experiences of ESA using the following colour coding:

Clients

Service Volunteers (CA Merton & Lambeth)

Staff members (CA Merton & Lambeth) and staff members from other organisations

When and how did you first hear about ESA?

“Lots of people find out about it [ESA] through friends and hearsay. For example, we see some people who do not speak English very well, and do not understand the details, but do have an understanding of benefits. There is lots of false information, because many people get advice from friends and neighbours, and many people have false expectations or do not understand how benefits work.”

“I lost my job about 4 years ago, and at that time I also got involved with the mental health team at the Wilson hospital. I got a care-coordinator who told me about the benefits I could claim. The information came through the mental team at the Wilson hospital. I was told about ESA.”

“Although there is plenty of information available online, its usefulness depends on the clients’ computer literacy, access to the internet and level of understanding.”

“I think by and large ESA is from the job centre. I think there are some issues about what people are being told.”

“Some people we deal with are already aware of the system and know their way around. A lot of people we see will be advised to apply by Citizens Advice or by a benefits adviser at the council.”

“I was suffering with panic attacks. I went to the doctor, he wrote a medical certificate and suggested I went to CA Merton and Lambeth in Streatham.”

“Clients are often referred to us [CA Merton and Lambeth] by Job Centres, support workers or friends/family members.”

“I had a friend who was on disability allowance who knew more about the system than me, and told me I was entitled to ESA. I asked at the job centre.”

“Jobcentres are not helpful in explaining the benefits. GP’s occasionally signpost but not often. Social services may give info to clients about the benefits.”

The Application Process - Clients

“My daughter helped me first and then I went to CA Merton and Lambeth as we couldn’t understand some of the questions.”

It was complicated. I did not do it myself. CA Merton and Lambeth helped me complete the form and then I needed to return with the decision letter.”

“Me and my sister tried to figure mum’s form out. Some stuff was easy, some was complicated. We got some help from CA Merton and Lambeth. My mum found it difficult to understand most of the questions. She can get scared really easily, so me and my sister try to do it so she doesn’t worry.”

“It is difficult to fill in especially when it’s to do with my mental health, because it is difficult for me to explain. I know what it is inside, I know my feelings, know the state I am in... but to get that onto a piece of paper and to explain it is really hard. Explaining that I would rather not feel like this, that I would like to work and trying to convince them is really hard. “

“I don’t find any of their information easy to understand. They use legal terminology which I don’t find easy. There is a lot of repetition and I don’t know why. Filling in the different forms often involves the same questions, and that makes me think ‘what have I done wrong with the other one, surely that information was in the other form I sent in?’”

“It was difficult to put down on paper how she feels. It is easier to speak about. It was difficult, but with the help of CA Merton and Lambeth we found a way to put it down. It is easier to talk about than to explain in writing.”

“It was difficult to understand the form. Citizens Advice and my support worker helped me.”

“The questions are very hard to answer... I don’t know about physical health, but with mental health it is hard to explain. It is in such crude terms – if you can do this or that, if you can sit for so long, that means you will be okay working with other people. But that is not what it is like for me at all.”

“I couldn’t do it and needed to get help. The information was complicated and some of the questions were difficult to answer.”

“My social worker helped me with this. The form allowed me to explain why you couldn’t work. I wrote back to them to explain the situation straight away. It was much quicker than PIP.”

“The application form didn’t really allow me to explain my mental health. I sent in a covering letter with a doctor’s note in order to explain things fully.”

“It wasn’t easy to complete the form, especially in the circumstances of my health at the time.”

“Following discharge from hospital, they sent someone to my home to support me and this person told me about ESA”

“Doctors helped me by getting evidence and reports.”

The Application Process - Volunteers

“People with anxiety for example, can be worried about what will happen when they fill in the form and whether they will get the benefit or not. This anxiety makes it more difficult for them to fill in the form because of the impact of the anxiety. For some people with mental health conditions, the form is much more difficult to complete because of the impact of their illness.”

“Difficult! It is so many pages long. One of the frustrating things is that people don't think there is enough space on the form to allow them to explain. There are additional sheets you can attach, but it seems strange to have a small space to answer a complicated question.”

“It is very difficult to tease out mental health illnesses and sometimes clients don't always understand their own condition. There can be a lack of self-awareness of what is wrong. For example I saw a client recently who had mental health problems. I asked him whether there was anything that stopped him working and he said no, even though there was. He thought it meant physical health.”

“Most find it very difficult, and having mental health problems can often make that worse. Having mental health problems can make you less active, can make it harder to face problems, and harder to face complicated documentation. The people we see at CA Merton and Lambeth find the whole process complicated, especially when mental health problems are combined with English being a second language, and also things like cultural differences, not being educated in the UK and not understanding how benefits system works.”

“People can be ashamed of mental health problems, and can sometimes try very hard to give an indication that they are better than they are. This is just normal human pride, wanting to hold it together, and not wanting to say how bad things are to others. Without an understanding of the points system, this works against them.”

“The main thing people don't understand is that ESA is not about the illness, but about the effects of the illness.”

“A lot of people don't know what the descriptors mean, or what they mean to them individually.”

“Difficult and stressful. Clients are often afraid of giving the information, when for example they are unaware of how the information will be used.”

“Mental health affects everyone differently and this is not easy to explain.”

The Application Process – Staff/Other professionals

“The questions on the form require the answers: ‘Yes’ ‘No’ or ‘Sometimes’. If ‘Sometimes’ is marked, then the application will be rejected (because you need to demonstrate the difficulties for the majority of the time) which people do not realise.”

“Forms do not allow clients to fully explain their mental health problems. Some of questions do not fit the mental capacity of client. Some questions should be reviewed/amended in order to cover wider mental health conditions.”

“People often say that they do not feel they were understood. This could be because they don’t explain things well owing to the impact of their illness.”

“It is different for people with mental health conditions. Mental health affects different people in different ways. For most people there are good days and bad days. Some people will say that today they can do a certain thing, but tomorrow they might not be able to, who knows? Sometimes people don’t know themselves. But that doesn’t seem to be an answer that fits the criteria, and the questions are very difficult because of that.”

“People affected by mental health in particular feel they wouldn’t be understood. For example, when people approach us for a crisis loan, or for a food voucher, we talk about the benefits they might be entitled to. Some people say that they don’t want to apply for ESA because they will not be accepted for it if they did.”

“Seven questions on the application form address mental health and intellectual function. They are worded badly and difficult to understand, particularly for people with mental health problems e.g. ‘disinhibited’.”

“It can understandably be very difficult to talk to a stranger about intimate things such as mental health.”

“The different versions and rates and the different groups you can be assigned to makes it particularly complicated to understand your entitlements. We see a lot of issues where people are told they are not entitled to ESA, and to report to the Job Centre. The Job Centre then, understandably, tell people that they are not going to be able to meet the conditions of JSA. When this happens people get stuck in the middle. And this can mean people can get nothing at all.”

“Some people do not want to apply because of how hard they think the process will be.”

“For some people with a mental health burden the worry is that the questions are intrusive, that they would not score enough points and that they would not be understood and would not get the benefit. The long process puts people off.”

“Many clients find forms extremely difficult even with the guidance. “

The Assessment – Clients

“At the assessment I was very scared, I could not control my hands because of how nervous I was.”

“I was with mum at the assessment. I was okay, but mum was very stressed. She had an anxiety attack as soon as she walked in and I helped to calm her down.”

“Really horrible, it was really horrible. I remember one assessment I became upset and in the report it stated ‘Mr X got a little tearful but was fine again after a short time’. But it wasn’t fine at all. She had minimised it, made it seem like I was okay when I wasn’t okay. I was in a real state. It was quite disarming.”

“The assessor seemed to have a good understanding. We gave him letters from the hospital and he took photocopies of them. He asked lots of questions about mental health.”

“The questions were more about physical health, and I had to use the questions about physical health to talk about mental health.”

“Absolutely anyone going to these interviews should have someone with them. It’s very intimidating. The building itself is intimidating. There are cameras everywhere and the feeling of being watched and scrutinised is overwhelming. I had to leave the building at one point.”

“It was exceptionally nerve-racking. You get a book of questions, to fill out beforehand. I had no idea what to do but my housing association and advocate supported me. The questions were a lot more in depth than in the application form.”

The Assessment – **Volunteers** and Staff/Other professionals

“Advisors need to put themselves into the client’s position to recognise some of the background issues that affect the client, which may not be initially evident without exploring in more detail (asking the right questions) about the clients day to day life”

“Clients experiences can often be negative and sometimes they’re angry when they receive the report because it often contains inconsistencies and inaccuracies.”

“Then when they get the report back it is often incorrect and wrong, it doesn’t reflect what happened at the assessment.”

“There are specific examples too of the process not being followed. For example, we have been told when acting as an advocate that we can’t take notes. This has happened so often that we have printed out the guidance for us all to take to assessments, to show them that we can.”

“Clients have described assessments as daunting, nervous, stressful, anxious, causing distress.”

“Clients regularly tell us that assessments are very long and detailed and unclear.”

“Many clients say they find the assessment very intrusive. They say it is demeaning, for example they are given very basic tasks. If someone says they have difficulty travelling and going out in public, then they are asked to find their way to another room or something like this. But this has nothing to do with it, it is not the same at all.”

“Some assessment centres are not properly accessible. Some of the sites only have one wheelchair accessible room, which can’t be pre-booked and you just have to wait. There are also lots of issues getting to the sites – e.g. one centre in Wandsworth where you are told you cannot be dropped off on the road, because it is a private road. This means people are forced to walk a longer distance just to get to the centre. People are told to travel a long way, even as far as Brighton. It is very hard to get a home visit.”

“All of these can cause stress. We have had to take someone to hospital once because they had to wait so long.”

“Some assessors are detached and not as compassionate as they could be.”

“Assessments are geared more towards physical disability. For example, there are physical tests like holding out your arms, but there are only very standard clinical questions that are asked for mental health.”

“We also see a lot of last minute cancellations, which can cause great distress, because you need to start everything again. We’ve seen people waiting for very long periods for assessments.”

“Many clients feel they haven’t been listened to, that the assessor is not interested in them. Many believe there are tricks going on, for example with questions like ‘how did you get here’, ‘what did you do this week’, and people realising that if they say they went to the shops, they should also say that they went by car, and were accompanied. People think that the assessment does not take account of the full picture, especially of mental health conditions.”

“It can be really difficult to explain impact of mental and physical health conditions particularly if it’s a fluctuating condition or a condition which is less common.”

The Decision – Clients

“I fell into a very deep depression – all thoughts were negative and I had negative dreams. I gave up the will to live, I had give up totally. I had two periods of not eating, one of them for 12-15 days not eating at all. I was receiving no help from a doctor. It was a very severe case of isolation indeed.”

“I do not think my mental health was fully taken into consideration, they didn’t have a good understanding.”

“It cut off my housing benefit as well and so I was in real trouble. Fortunately I’m in a private rented place and the lady who owns the place was sympathetic and gave me a few weeks rent.”

“Financially I was in real trouble.”

“I became very agitated, depressed and nervous”

“I was very scared. I couldn’t understand why I was rejected. I had many documents, letters, and medicines. I had never worked before, and now I needed to try to work. I did not feel good about it. I have high depression now.”

“I did not realise how difficult it would be. I thought it was a mistake that I’d get it back in a couple of weeks.”

“At this point I went to CA Merton and Lambeth. It was the best thing I did. They supported me to appeal.”

“It cut me off completely. I only had about £30 left. The letter coming through was very cold and it really shocked me. I thought ‘it can’t be true’.”

“It was really difficult. I couldn’t believe it. I had a bit of breakdown over a couple of weeks when I got the decision. It wasn’t just the financial side of it, but also what the assessor wrote about me, and the feeling that this was unfair and that I was being rejected for something I needed. The home treatment team came to see me. I did not get out of the house for three weeks. The whole thing really set me back.”

“I am still in financial distress”

The Decision – **Volunteers** & Staff/Other professionals

“Clients often feel they are not believed or listened to or they think they’re being accused of making it up. This itself is part of a wider pattern of constantly asking people to justify and to explain their illness and disability. This can affect the mental health of anyone, regardless of their presenting need. We regularly support clients who do not apply for benefits because of mental health problems, but whose mental health has deteriorated nevertheless as a result of their experience.”

“It’s a viscous cycle. You have an existing mental health problem, so you already need more help. Then you are put through a painful process, which makes it worse. Then you are refused, which makes it worse, so your problems are getting worse all the time. Then you are given even more problems when you have no money. It is not a surprise that people cannot cope.”

“If someone is refused ESA and put on JSA or UC it can be devastating. They can’t cope with work related activity, they are financially penalised, get into arrears and lives spiral out of control.”

“Delays and poor decisions can and do lead to negative impact on people’s mental health, whether or not mental health problems are the reason for applying for the benefit.”

“It can make people suicidal. The longer it drags on, it has that kind of impact. It makes people in a lower mood. It can exacerbate existing conditions because of the process.”

“I think one of the most obvious things which we see a lot is when people are having to re-apply for ESA periodically. This seems to be a bit of a problem. People can struggle to attend the necessary meetings for this, sometimes because of anxiety. ESA benefits can change and can suddenly be stopped, and sometime people are moving between benefits. I don’t know the details well, but we see a lot of clients who are left for a period without any income at all and are asking for an emergency grant or a food voucher from us. People cannot pay for food or rent etc. This affects mental health as worries build up with financial problems.”

“If a client is refused ESA they have to go on to JSA, but this is very difficult for people mainly because they have to make themselves available for work, but they cannot work. Many don’t make an application for JSA as a result and then they have no money at all.”

“People get into problems with debt, which can lead to problems with housing, and this can lead to problems with family and relationships, everything really.”

“I think the really key thing is that when there are delays or problems or the need to challenge decisions, this really affects people’s mental health, whoever you are. People come to us who are very stressed, whether their disabilities specifically include mental health or not.”

“We see increased symptoms of mental health due to the stress and a reluctance to challenge decisions.”

Challenging Decisions

“I was clutching at straws. I went to CA Merton and Lambeth. I wonder how many people know that that service is there and how good it is. I have to say, going to them really helped mentally as well, because every time I went I came away feeling better, like I had been treated like I was a proper human being, that I was believed, that I was understood, that I did not have to convince anyone, and this wasn’t just all in my mind.”

“One of the reasons why individuals come to Citizens Advice is that they are getting no benefits while they’re appealing. People feel this is unfair that they have no income when they are struggling anyway. They feel this is an added problem, that it is unfair that they are rejected and having to go through the process again.”

“The first time my sister did it on my behalf and she was not 100% sure. We needed to make several calls to find out how to do it. There was no Mandatory Reconsideration at that point, so it went straight to tribunal. We gave them a call and they told us that we needed to go to tribunal. We went to tribunal twice.”

“Seeing CA Merton and Lambeth gave me strength and confidence. I didn’t feel judged – that’s a really good word for it. And that was really helpful for my health.”

“The process can bring to the surface other sadness within the client’s life and memories of past trauma.”

“Clients need a lot of help with the system for mandatory reconsiderations and appeals because this is difficult.”

“Before the tribunal I had a lot of contact on the phone. That was a nightmare. The way the people talked to me was horrible. They could not care less. They were just people in call centres. It cost a fortune when we got the bill back. You’d be on the phone for ages.”

“We have seen issues where mental health is not taken into account, meaning that people are disadvantaged in booking assessments, and get written off as not cooperating as a result.”

“The appeal process was very difficult”

“I rang the tribunal for help and they told me to go to Citizens Advice”

“It was very difficult and stressful at the tribunal. They insisted mum gave evidence but by this stage she was really bad with depression. We weren’t allowed to speak on her behalf.”

“Many clients do not understand the decision process or how to challenge through an appeal.”

“At Wimbledon Guild we have two different grants programmes. The first is where we purchase things, for example white goods, beds, and other things, for people on a low income. And then we also have an emergency cash grant programme. People who tend to apply for the emergency cash might well be people who are in between benefits, or their benefits have run out or have been delayed. A large proportion of people applying for this are people with mental health problems and ESA applications.”

“It was really scary going to appeal tribunal. They asked me a lot of very specific questions. They went through the whole form again. I don’t think I made a good job of it. I was in a bit of a state. I felt frozen, actually. When I went back in, they told me they’d recommend I got it and would be left alone for 2 years. That was an incredible feeling. I was surprised; I did not expect that result. I felt emotional. It felt like I had been through everything and then they had told me that they were wrong after all. I felt emotional that I hadn’t needed to go through all of that.”

Sanctions

“Impact is financial distress and this in turn can impact mental health. Many find it difficult to cope with the challenge and sanctions.”

“When clients are told to apply for JSA they are concerned about getting a job and how they will manage to pay their bills. Clients often suggest they feel bullied by JC staff into taking jobs they cannot do and being declared fit for work.”

“We see many clients where the impact of mental health illness has resulted in failure to comply with sanctions. For example, not opening mail because of mental health issues. Causes high levels of anxiety. Sanctions are worse for JSA – don’t yet know how they will treat UC breaches.”

“There was a person who was claiming universal credit but had limited capacity for work. He wasn’t able to attend meetings, and so his benefit was stopped. People with mental health problems can find it difficult to manage their claimant commitments AND also find it difficult to deal with the consequences of this. For example, it is difficult to get to meetings, and when sanctioned, it is difficult to appeal, or to apply for hardship loans. The DWP are not good at telling you you can appeal sanctions. The whole process is much more difficult if you are confused, anxious or depressed. AND meanwhile your mental health is getting worse.”

“I spoke to another person who missed an activity because they were attending an interview. I don’t know whether these are mistakes, oversights, but it does happen. I take what people have to tell me, they’ve no reason to make it up and often people are frustrated.”

“A lot of people don’t know they can tell the council they have no income using a nil income declaration form, and this sorts it out, But because people don’t realise, they can struggle for ages. The letter from the council doesn’t tell people about this, they are just left to find out. If they were told about it in the first place it would save them a lot of hassle. This affects people with MH problems very badly because it can lead to rent arrears which can really affect people.”

“No money, made my health worse.”

“It can be automatically stopped with ESA. If your income based benefit is stopped, they automatically inform the council if you receive housing benefit payments. They have to do this. Clients don’t often know this is going to happen, until they get the letter saying it has been suspended.”

Other Concerns / Issues

“Shock, disbelief and sometimes frozen in fear. Clients will often not do anything until they start to receive letters from the LA/HA or eviction notices.”

“In reality, decision makers don’t care. They ought to contact the local authority about housing benefit but they don’t. If Department for Work and Pensions (DWP) liaised with the local councils or if local councils didn’t automatically stop HB, then the problems wouldn’t occur. The local councils could telephone the clients rather than just sending letters which don’t get opened. DWP could make it clear in the decision letter that the applicant should contact their local council about housing benefit.”

“This happens all the time and is a mega problem. It is a mega issue for debt. Your monthly money stops coming in, and you then suddenly have a rent bill and a council tax bill to pay. It is because ESA qualifies for pass-porting, where some benefits are linked together. The people who work at the council often think they have to stop housing benefit when ESA changes, but they don’t, because housing benefit is just for people on low income – they don’t have to do it. It is poor understanding by the people responsible for benefits, and these are poor and vulnerable people who are very badly affected for no reason. Some people expect it, but it is still hard, and others don’t expect it at all and it can be devastating.”

“It put me in really difficult position because the stay in my flat was affected, and there is something quite evil about that I think. I thought ‘what am I going to do’. They weren’t saying that I had an income, or that I was working, but they still made me apply again. It was really cruel. It could put me in an even worse situation it could have made me homeless. I did not know it was going to happen.”

“IF ESA stops (usually for a failed assessment) housing benefit will stop any time within four weeks and the local council do not bother to find out what’s going on before stopping it. There is no safety net. He advises clients to speak to their local council to warn them that there is an appeal process in progress and that housing benefit shouldn’t stop.”

“I think anecdotally we would find a correlation with mental health and missing appointments that may lead to sanctions. I understand that people do need to show they are engaging with the process, and there needs to be a way of showing this. But for some with Mental Health problems, just the process of going out can be challenging, even getting on a bus is something that sometimes people can't do. We have a client who will not come out of the house, and I can see how this can be a real problem for people”

“I did not get my ESA until a month after I was told I would get it. I did eventually get the back-payment... but it was really difficult.”

“Increases anxiety. They adopt an ‘ostrich’ attitude, ignore letters and do nothing. It is then difficult to get housing benefit back-dated if it's been unpaid for a long time even if it shouldn't have been stopped. Leads to rent arrears and mounting debts.”

“This happens sometimes, and it also affects your council tax support which is stopped also by the council. It should be easy to get out of, because you just need to send information to the council, but this can be very hard for people with mental health problems to deal with, especially when they have the set-back of a reduction in income. This can easily result in council tax debt and rent arrears, two major priority debts.”

“They need to write more clearly worded letters. Those clients that have support needs should also have letters sent directly to those carers and/or support workers so that issues can be tackled as soon as they arise.”

Conclusion

The experiences of our micro volunteers within this report illustrate that people affected by mental health are disproportionately affected in their eligibility for and access to ESA. People affected by mental health experience a number of particular challenges relating to ESA, including:

- Difficulties accessing clear information about ESA, unless they are supported by an informed individual (for example family member, friend, charity or organisation support or advice officer). As a result many do not have a good understanding of the benefit and what it is for
- An application form which most feel is confusing and does not allow them to fully explain their mental illness and its impact, especially fluctuating conditions
- A process for application which many feel is off-putting, lengthy, difficult and can exacerbate many mental health conditions
- An assessment process which many feel is intimidating and intrusive, is handled without compassion and which leaves them feeling like they haven't been listened to or understood
- Decisions which are hard to understand, can lead to significant financial hardship and cause problems in other areas such as debt and housing. Unfortunately these experiences further deteriorate many mental health conditions.
- A complicated and daunting appeal process

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- A system of sanctions which does not take the impact of mental health and resultant additional difficulties/challenges sufficiently into account
- Additional difficulties such as understanding conditions and getting back-pay awarded.
- Many micro volunteers spoke about their difficulties with the appeal process, and in particular the need to go to tribunal.
- The evidence suggests that there is a high rate of success at tribunal and this leaves many feeling frustrated that their application was not fully considered initially.

Within the report, there are many examples of good practice with service/support organisations working together to better support clients needs.

With our immense thanks to all our micro volunteers who participated within this research.

For further information about this report or micro volunteering with CA Merton and Lambeth, please contact peter.bradley@caml.org.uk. For more information about our research and policy work, please contact suzanne.hudson@caml.org.uk.

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