

Mental Health and Benefits Research Summary Report

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

The evidence for this research report is based on work undertaken by volunteers, including a review of national Citizens Advice (CA) research and other relevant research, a CAML staff and volunteer survey about mental health and benefits, interviews with CAML staff and an analysis of client databases.

National CA Research Review

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).

Our Research

The majority of CAML staff and volunteers who participated in the research reported that clients affected by mental health are disproportionately disadvantaged when it comes to claiming benefits. Our research suggests this problem is most evident in relation

to 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 shows that 12% of clients mentioned mental health conditions or concerns when speaking with us between June 2016 and June 2017. However, this percentage almost doubled with clients seeking support for ESA (21%) and PIP (23%). According to our data, clients who referred to mental health were more likely to be facing complex challenges and therefore need the support of highly trained advisers.

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

The process of claiming benefits

The process of claiming benefits - from completing forms, gathering evidence, attending assessments, understanding outcomes, challenging rulings - can be gruelling and complicated for all let alone when you're affected by mental health. The experience of our advisers is that conditions such as anxiety, depression, or psychotic illnesses are likely to exacerbate the difficulties people experience. The impact of mental illnesses can result in individuals not making applications or challenging decisions that go against them. As a result clients do not receive the financial support they should. As a CAML volunteer explained “**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.”

In discussing the overall claims process, one respondent stated “**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 many people.**”

The benefits process can negatively impact clients’ health

Many felt the worst aspects of the benefits system can be a major contributory factor to deterioration in some client’s mental health and wellbeing. This, it is thought, is due to the stress and anxiety becoming a trigger. This is also supported in CA research which reports that the lengthy process of appealing for PIP can cause deterioration in mental health and problems with gaining or sustaining employment (CA,2016). As one CAML respondent said, “**Perhaps worst of all, benefit problems actually create stress and depression and other mental health issues.**” CAML respondents also raised concerns that a number of clients find themselves with no income whilst going through lengthy process of claiming ESA and this has an adverse impact on their health. Respondents reiterated the concern that clients would rather give up than complete the claims process or appeal against the decision.

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 they lose their benefits because they are thought not to have 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 is reflected in what respondents said at CAML. As one CAML respondent explained, **“I strongly suspect people with mental health problems...are much more likely to be sanctioned. They simply find it too hard to match the disciplines demanded by the DWP [Department for Work and Pensions] for example time keeping and record keeping. These clients are also much less likely to appeal the sanction system.”** Another responded **“Those not eligible for PIP have to apply for ESA but are sanctioned because they cannot sign on through ill health. This often makes their mental health condition worse.”**

Completing claim forms

CAML respondents felt that the symptoms of those affected by mental health illnesses often prevented clients from completing the claims process correctly. This, in turn, affected their chances of a successful application. Several CAML respondents told us they think welfare benefit claims are too complicated to complete for many people. One volunteer responded **“The ESA and, especially, PIP forms are ... intimidating.”** Lack of confidence to fill out the forms was cited as another barrier for those affected

by mental health, as well as the length of the form. We also found clients affected by mental health experienced difficulties travelling to assessment centres with respondents highlighting agoraphobia and schizophrenia, or “a fear of going out.”

Applications, points and descriptors

Much of the evidence from our research surveys and interviews focused on difficulties of ESA and PIP processes and the experience of those affected by mental health. Respondents told us that the points-based systems for ESA and PIP rely on questions and descriptors (a list of standard statements describing what you can or can't do against each daily living and mobility activity) which do not support or reflect the nature of many mental health conditions. As a CAML respondent highlighted, **“clients affected by mental health struggle to articulate and prove their mental health problems to assessors or sometimes tribunals.”** In their view **“a physical disability is much easier to prove.”** As CAML's Disability Adviser explained “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.”

In addition, recent changes to the descriptors have also made it harder for people with mental health conditions to gain points in PIP applications. The words “for reasons other than psychological distress...” have been added to the start of many of the descriptors used to assess answers to questions about planning and following journeys. According to CAML's Disability Adviser “...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. As CA reports on the scoring of PIP applications “Higher scoring descriptors should be reserved for those with physical or cognitive impairments only” meaning that people affected by mental health alone are less likely to achieve higher awards of PIP (Rahman, 2017).

Gathering evidence

CA reports that the systems and processes for the collection and submissions of evidence are inadequate and this can lead to inaccurate assessments. The Disability Benefits Consortium (DBC) reports that the majority of people claiming PIP had problems gaining supporting evidence from health and care professionals. Stigma and cultural issues can also be barriers and mental health issues may be spoken about less openly even with GPs in some cases, which in part can lead to less convincing evidence in support of claims. CAML's Disability Adviser told us that "evidence gathering is certainly a sticking point for mental health, for various reasons including embarrassment and cultural factors".

The relationship between the client and the GP who is the main source of evidence in support of claims was brought into focus, with the conclusion that some claimants do not experience good support in gathering evidence from their GP. CAML's Disability Adviser reported "Sometimes clients do not have a particularly good relationship with their GPs or their GPs are reluctant to assist in a constructive way."

Inadequate assessments

It is likely the fluctuating nature of mental health conditions, their complexity and the lack of specific mental health knowledge and understanding amongst assessors and decision makers leads to incorrect assessments. CA and DBC also report a reluctance from assessment providers to request additional evidence on claimants behalf, instead placing emphasis on their assessments (CA, 2016; DBC,2017). CA highlighted this as particularly detrimental to clients who have fluctuating conditions that are hard to measure in a single assessment.

Our Conclusions

Our research illustrates that people affected by mental health are disproportionately affected in their eligibility for and access to welfare benefits.

As part of the research we asked CAML respondents about our current service provision, our relationship to other services and asked for recommendations for improvements. There were a range of views on how best CAML could better support clients affected by mental health. One respondent felt CAML was already doing everything in its remit and another reasoned that we could not do anything differently “without moving into specialised areas”. Others, however, had a number of interesting suggestions including looking at how we set out reception areas, the possibility of quiet areas and mental health awareness training.

From this research, three key recommendation areas have emerged:

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.
- 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 report), with the support of specialists.

Raising Awareness

- Share our research with 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.

For further information, please contact Emily Daniel at Emily.Daniel@caml.org.uk

References

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