



Welfare Reform - Mitigating the impact on people with a mental illness

This paper describes how the current reforms to the welfare benefits system are causing difficulties for people in Wales who have a serious mental illness, and puts forward some proposals on what more the Welsh Government can do to help mitigate the impact.

Background

People who experience mental illness are far more likely to be reliant on welfare benefits. In part this is due to many people being unable to work because of their illness, but it is also due to a range of barriers confronting people with a mental illness trying to get into and staying within the labour market.

The Schizophrenia Commission report¹ identified the average employment rate for people living with a serious mental illness to be around 8% against a national UK employment rate of 71%. This is despite people repeatedly expressing the need for job training, placement and support services. The report also found that many people with a diagnosed serious mental illness do not seek employment because of the loss or feared loss of benefits, although a high proportion of people are able and willing to work.

The scale of inequality for people with a diagnosed psychiatric condition is huge. People with mental illness have the lowest employment rate for any main group of disabled people, endure greater poverty, have poorer housing, have fewer training and educational opportunities and experience greater social isolation. Poverty and mental illness often go hand in hand, and people with a diagnosed psychiatric condition are far more likely to be in debt and be reliant on welfare benefits:

- People with mental illness are around three times more likely to be in debt and have financial problems
- People with mental illness are over five times more likely to cut down on the use of the telephone, gas, electricity and water than the general population

¹ 'The Abandoned Illness': A report by the Schizophrenia Commission, November 2012

- When people using mental health services are asked about the major issues that concern them in their daily lives, personal finances are consistently identified as a major source of difficulty and distress

Currently the economic activity rate of people with a mental illness is the lowest for any group with long-term health problems:

- People with mental illness are far more likely to be jobless than the general population
- People with mental illness are far more likely to lose their job because of their illness
- Around 40% of people who claim benefit due to incapacity to work have a mental health problem

Impact and some of the problems

The UK Government's welfare reforms are causing many people with a diagnosed psychiatric condition increased stress and anxiety. For some it is the assessment process itself that proves a stressful experience which can trigger a relapse of symptoms and deterioration in their mental health.

Many people who would otherwise be recovering well from mental illness (and therefore potentially returning to employment) are becoming more unwell due to the stress and anxiety of the process, particularly having to attend a Tribunal hearing, and anecdotally we believe this is causing increased hospital admissions and putting additional burdens on already over-stretched health and social care services. It is not clear what, if any, research has been undertaken to try to evidence or quantify this.

As well as increased pressure being put on statutory services there is also further pressure being placed on a range of third sector service providers who do not specialise in welfare benefits/rights, and who are becoming increasingly involved in supporting clients in completing forms, attending appeals and navigating the complexities of the benefits system.

Some Local Authorities fund specialist benefit advice services either directly or through the Citizens Advice Bureau, and many Community Mental Health Teams are referring people to these services. However, many of these specialist services are struggling to cope with demand, and resources are stretched, particularly to accompany people to Tribunal hearings, a major area of support that many people need.

People find completing benefit application forms complex and confusing. The frequency of assessment and re-assessment is resulting in more interviews, more complex form filling, etc. and this is putting clients/applicants through additional stress and anxiety that can result in them being further away, rather than closer to returning to work.

Anecdotal evidence suggests that many assessors are failing to recognise and appreciate that a large number of people called in for interview and assessment have a psychiatric condition. For some this may be the sole reason for their benefits claim (although many people do have both a mental health and a physical health condition). Many people feel that the process itself is disproportionately designed around people solely having a physical illness or a physical impairment.

Sometimes people are called in for interview who may lack insight into their psychiatric condition. This may be the case when people are going through a manic phase, where a person may have an

unrealistic expectation of what they are capable of doing. Other people may not be able to convey the extent of their condition appropriately, especially if under pressure, and this may have implications for the support they receive.

The very process of calling people in for an interview, of going through an assessment or reassessment process, etc. may itself trigger a relapse, and it is very important for statutory services to be fully aware and sensitive to this and to receive regular and appropriate training.

Many people who claim welfare benefits feel that the process itself is designed more to try to, 'catch people out', rather than being supportive, encouraging, open and honest. A common perception is of a service designed to try to stop or reduce a persons' benefit rather than one that provides help, support and advice. This encourages many to be suspicious and fearful of the system and process, and to be cautious and careful in how they respond to questions.

Appealing decisions

People who appeal against an unfavourable decision by the DWP and have representation at a Tribunal hearing are more likely to have that unfavourable decision overturned than those without representation. Data shows that around 20% of people have support from welfare advisers in oral appeals, and this highlights what many perceive to be a two tier system.

Those fortunate enough to be able to access support, or have sufficient ability and confidence to navigate the system effectively themselves, are much more likely to be able to access their correct benefit entitlement. However, many people are increasingly finding it a struggle to access this sort of support due to pressure on funding for advice services and overwhelming demand for these services in other areas of welfare reform. Many are unable to receive legal aid for representation at Tribunal hearings which appears to only be available for initial legal advice.

Some comments received from professionals working in CMHTs in Wales

"I spend quite a bit of time writing appeal letters"

"I have been completely shocked at how basic their assessments are and how they are solely focused on physical functioning e.g. can you walk 20 metres, can you bend and stand etc."

"They appear to totally ignore every kind of mental health problem."

'This really has become a big issue for many of the clients I work with. Since the changes with the benefit system, I have been far more involved in supporting people with their benefits, attending medicals with clients, helping to complete forms, writing support letters and also being involved in the appeal process.'

'Mental illness is not always visible or apparent and clients who are seriously ill are being found fit for work.'

'Client was in receipt of ESA and asked to attend a medical board. The outcome was that for him to continue to receive his benefit he was placed in the work related activity group. This meant he was still entitled to his benefits but was required to attend regular appointments at the job centre in a group setting to actively plan to return to work. This caused this person, who has a serious mental illness, significant stress and resulted in a relapse in his mental health causing him to carry out a serious attempt to harm himself.'

Some proposals for how the Welsh Government can help mitigate the adverse impact

- 1. Ensuring independent help and advice is readily available:** The Welsh Government should ensure that more joined up and co-ordinated independent advice services are available across the whole of Wales for people affected by welfare reform. It needs to work with NHS Wales and local authorities to ensure that help and advice is readily and easily available, that it is quality assured and is tailored to meet people's specific circumstances. For people using secondary mental health services this more tailored help and advice should always be reflected in a person's statutory Care and Treatment Plan
- 2. Building confidence and resilience:** Many people with severe and enduring mental illness go through periods where they are recovering well, and are able to manage their own lives much better than when they were acutely unwell. With the right support, and with increased knowledge, skills and confidence people are better able to manage, cope with and navigate the benefits system. The Welsh Government should seek assurances from NHS Wales and local authorities that people with a serious mental illness are routinely able to access coaching, training or peer mentoring services that help build their confidence and help build resilience
- 3. Developing skills through training and education:** Linked to building people's confidence and resilience is the need to develop people's skills so that as part of their recovery from mental illness people are better equipped to return to education or employment. The Welsh Government should seek assurances from NHS Wales and local authorities that, where appropriate, people using secondary mental health services have clear goals included in their Care and Treatment Plan for supporting them back into work, education or volunteering, and that tailored services are available to help achieve this
- 4. Being able to access existing stress and anxiety counselling services:** People with mental illness often experience additional stress and anxiety when called in for an assessment or interview by the DWP or one of its agencies. The Welsh Government should seek assurances that NHS Wales and local authorities are identifying people using secondary mental health services who are experiencing such increased stress or anxiety and that, as part of their care and treatment plan review, are offered and have access to existing counselling services
- 5. Building stronger and more resilient communities:** Self help and peer support groups, local community groups, befriending services, etc. can all play a major part in helping and supporting people with mental illness. The Welsh Government should give clear strategic direction on the importance of ensuring that people with a serious mental illness are included in such services, and where appropriate these services are specifically tailored to their needs

About Hafal

We are Wales' leading charity for people with serious mental illness and for carers. Covering all areas of Wales, Hafal is an organisation managed by the people we support: individuals whose lives have been affected by serious mental illness. Underpinning our services to clients is our own Recovery Programme. Based on modern principles of self-management and empowerment, this holistic programme offers clients a methodical way of achieving recovery by focusing on all aspects of their life.

Hafal is a part of two UK wide networks involved in trying to mitigate the impact of welfare reform on people with a serious mental illness:

- We work with the Centre for Mental Health, Mind, Rethink Mental Illness, the Royal College of Psychiatrists, the Scottish Association for Mental Health, the Northern Ireland Association for Mental Health and the Mental Health Foundation to ensure that the views of people with a serious mental illness in Wales are reflected in joint policy briefings and consultation responses to changes being made to welfare legislation
- We are part of a UK wide network called the Disability Benefits Consortium (DBC), a national coalition of over 50 different charities and organisations committed to working towards a fairer benefits system and seeking to ensure that UK Government policy reflects and meets the needs of all disabled people. We make sure that the views of people in Wales with a serious mental illness are included in this wider representation.

For further information on this briefing please contact [Peter Martin](mailto:peter.martin@hafal.org) on 01792 816600 or email peter.martin@hafal.org

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