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Mental Health and Unemployment in Scotland

**Understanding the impact of welfare reforms in Scotland for
individuals with mental health conditions**

A report based on research funded by The Carnegie Trust for the
Universities of Scotland

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Glossary

| | |
|------|-----------------------------------|
| DLA | Disability Living Allowance |
| DWP | Department for Work and Pensions |
| ESA | Employment and Support Allowance |
| HMRC | Her Majesty's Revenue and Customs |
| JSA | Jobseeker's Allowance |
| MHC | Mental Health Condition |
| PIP | Personal Independence Payment |
| UC | Universal Credit |
| WCA | Work Capability Assessment |
| WP | Work Programme |
| WRAG | Work-related Activity Group |

Executive Summary

During 2016, 30 individuals with a mental health condition (who claimed ESA, have had their ESA withdrawn and moved on to JSA, or have been directed into the WRAG group based on the decision of the WCA) were interviewed. The 30 participants were recruited throughout Scotland. In addition, we interviewed seven individuals who had involvement with various intermediaries, such as advocacy organisations, collective advocacy groups, Citizens Advice Bureau and (an ex employee of) Ingeus. Participants were recruited through advocacy organisations, voluntary groups and the local media. Overall, we established that the Work Capability Assessment (WCA) does not inspire confidence in participants in its adequacy for assessing mental health problems. There is concern that the assessors do not appear to have appropriate expertise in mental health. The WCA experience for many, caused a deterioration in people's mental health which individuals did not recover from. In the worst cases, the WCA experience led to thoughts of suicide. People felt that there was an inconsistency in terms of GP recommendations and the WCA recommendations. Many people were subject to further upset and distress due to communication from the DWP being lost in the post.

Having a mental health condition (MHC) in parallel with being unemployed and on benefits leads individuals to be confronted with multiple and competing stigmas, which they find hard to manage and these become self-reinforcing and self-perpetuating. The WCA and other mandatory structures, work against individuals developing or retaining employability skills as voluntary work is seen as demonstrating fitness for work; education is also not possible whilst receiving ESA. The system fails to recognise that for many, volunteering is good for wellbeing and may be 'as good as it gets'.

Whilst the Scottish Government does not have control over the ESA component of Universal Credit, it needs to carefully consider how any benefits that it does have control over (e.g. DLA) are assessed and managed for people with a MHC. Moreover, as control over the Work Programme and Work Choice is to be devolved to Scotland, the Scottish Government should develop replacement programmes which are appropriate to people with mental health problems which can also work in parallel with the benefits system.

1. Introduction

This section describes the background to the study and sets out its aims and objectives.

1.1 Background

In June 2011, the then Coalition Government introduced a single welfare-to-work initiative, the Work Programme (WP; DWP, 2015). Under this initiative, individuals with additional needs such as chronic physical illness or mental health conditions (MHCs), who were in receipt of Employment and Support Allowance (ESA) or incapacity benefits, were reassessed in terms of their 'fitness to work'. These reassessments were undertaken using the Work Capability Assessment (WCA), which is designed to comprehensively assess individual, work-related functionality.

The WCA is contracted out to private sector organisations (previously Atos Healthcare, but currently Maximus). It is conducted by 'assessors'. These assessors are healthcare professionals, e.g. nurses, occupational therapists, physiotherapists, who forward their recommendation to the Department for Work and Pensions (DWP), with the final judgement made by a DWP employee.

The WCA has three potential outcomes:

1. Claimants are assessed as fit for work. These claimants are not entitled to ESA, but can claim Jobseeker's Allowance (JSA).
2. The claimant is placed in the Work-related Activity Group (WRAG). These claimants are paid ESA and expected to engage in activities to prepare for employment, such as work-focused interviews with employment advisers, voluntary work, work trials, or training.
3. Claimants who are assessed as unable to engage in work-related activities are placed in the Support Group. These claimants are not required to engage in activities to prepare for employment, but may do so, if they wish. They are paid a higher rate of ESA than claimants in the WRAG.

The WCA independent review team reported that 20 per cent of claimants assessed between 2010 and 2012 were allocated to the Support Group, without being required to undergo the WCA. Of the remaining 80 per cent of claimants, 42 per cent were assessed as fit for work, and 23 per cent were placed in the Support Group (Litchfield, 2013). As of the end of May 2016 (the latest date for which the National Statistic is available) 2.47 million people were receiving ESA (DWP, 2017). People with mental health issues constitute 40% of those who undergo a WCA (DWP, 2015).

Since its implementation, nearly 140,000 individuals with mental health and behavioural disorders have participated in the WP (DWP, 2015). People with mental health problems are more likely to be sanctioned¹, than those without, because of their lack of

¹ Have their benefits cut or withdrawn

engagement with the WP. Six out of every ten people who have been sanctioned have a mental health problem or learning disability (Smith Commission, 2014).

The impact of MHCs on an individual's functioning can fluctuate considerably. For example, an individual with an anxiety-related condition can find it difficult to leave their home on some days, while they might find it impossible to leave on others. Thus, sanctioning can be considered to be discriminatory (SAMH, 2014).

Of the large number of individuals with MHCs who have participated in the WP, only 7,060 have sustained jobs (DWP, 2015). People with MHCs often experience discrimination by employers, and so find it more difficult to find employment (SAMH, 2014). Those who do manage to find work are often stigmatised by employers and colleagues, with little or no organisational structures to support them (Marks, Richards and Loretto, 2012). These problems can be compounded by self-stigmatisation, a process by which people with mental health problems who are aware of, or subjected to, negative public attitudes (or negative experiences of job seeking) begin to apply them to themselves. Self-stigmatisation has a negative impact on hope, empowerment and self-esteem - three elements that have been found to be positively associated with mental health recovery (e.g. Stickley and Wright, 2011) and is likely to impact on an individual's ability to seek and retain work (Warner et al., 1989).

While some argue that work helps mental health recovery (e.g. Waddell and Burton, 2006) recent research has shown that individuals with mental health problems who are in work, often suffer, due to stigmatisation by employers and colleagues and frequently weak organisational structures to leading to failure to support such workers (Marks, Richards and Loretto, 2012).

Scotland will have limited control over the newly introduced Universal Credit (UC) which is comprised of all existing benefits. However, Scotland will have some influence in terms of discretionary top-up arrangements. Moreover, there will be the devolution of disability, industrial injuries and carer's benefits, many of which affect those absent from work due to mental health problems. The newly devolved powers, which were agreed under the Scotland Act, will also allow Scottish ministers to design their own employment services for disabled people and those at risk of long-term unemployment for the first time from April 2017, and will account for around £2.7bn or 15% of the total Scottish benefits bill. A full Scottish programme of employment support begins in April 2018.

1.2 Research Aims and Questions:

The overarching aim of the study, was to examine the experiences of individuals with mental health problems of the job-seeking process, and benefits assessment, in Scotland.

The following research questions guided the study

- What are the experiences of people with mental health problems in their attempt(s) to (re)enter employment?

- What is the impact of the job search and job search outcomes on individuals' social identity?
- What is the impact of the job search and job search outcomes on individuals' wellbeing?
- How does the WCA impact on individuals?
- What are the opportunities for the Scottish Government to improve the experiences and outcomes of benefits assessment and return to work process for individuals with mental health conditions?

2. Methods

This section describes the methods used in the study.

2.1 Participants

The only inclusion criteria for participants were a mental health condition and that they claimed ESA, have had their ESA withdrawn and moved on to JSA, or have been directed into the WRAG group based on the decision of the WCA. A number of methods of recruitment were used in order to ensure the inclusion of participants with a range of mental health problems and experiences of job-seeking and the welfare system. These included advertisements placed in The Metro and on the Daily Record website. Calls for participants were also disseminated through mental health service user groups and advocacy groups.

The final group of participants with MHCs comprised thirty individuals; twenty men and ten women. All but three disclosed the nature of their mental health problems. The majority suffered from anxiety and/or depression, which is not surprising given that these are the most common mental health problems. A minority had bipolar disorder, other forms of psychotic disorder, obsessive compulsive disorder and borderline personality disorder. Four participants had never worked. Participants, who disclosed their age, ranged from their 30s to early 60s.

During their interviews, a number of participants told us that they had needed support to negotiate the welfare system and, in some cases, appeal their WCA decision. Accordingly, interviews were conducted with four mental health advocacy workers, a Citizen's Advice Bureau worker, and a former Ingeus employee. The purpose of these interviews was to gain insight into what they considered to be the constraints and benefits of the current system on the basis of their experiences of supporting claimants with mental health problems.

Further details of participants can be found in Tables One and Two.

| Name | Occupation | Mental Health Condition |
|--------|---|-------------------------------|
| Alvin | Routine | Anxiety |
| Andrea | Routine | Anxiety, Depression, OCD, BPD |
| Bryan | Intermediate | Depression |
| David | Routine | Depression |
| Donna | Lower managerial, administrative & professional | Bipolar |
| Helena | Intermediate | Anxiety, Depression |
| Henry | Never worked & long-term unemployed | Anxiety, Psychosis |
| Iain | Lower managerial, administrative & professional | Anxiety, Depression |
| James | Lower managerial, administrative & professional | Anxiety, Depression |
| Jeremy | Semi-routine | Depression |

| | | |
|---------|---|---------------------------------|
| Jessica | Routine | Depression, Anxiety |
| John | Lower managerial, administrative & professional | Depression, Anxiety |
| Julia | Lower managerial, administrative & professional | Depression |
| Ken | Intermediate | Anxiety, Psychosis |
| Kevin | Intermediate | Anxiety, Depression |
| Liz | Never worked & long-term unemployed | Borderline Personality Disorder |
| Maria | Lower managerial, administrative & professional | Anxiety, Depression |
| Mark | Never worked & long-term unemployed | Depression |
| Martin | Semi-routine | Anxiety, Depression |
| Matthew | Semi-routine | Undisclosed |
| Megan | Semi-routine | Anxiety, Depression |
| Peter | Semi-routine | Anxiety, Depression |
| Phil | Semi-routine | Depression |
| Ruby | Lower managerial, administrative & professional | Anxiety, Depression |
| Ryan | Never worked & long-term unemployed | Anxiety, Depression |
| Sam | Semi-routine | Undisclosed |
| Simon | Semi-routine | Depression |
| Stephen | Routine | Undisclosed |
| Valerie | Routine | Anxiety, Depression |
| Vaughan | Intermediate | Anxiety, Depression |

Table One: Research Participants with a MHC

| Name | Role |
|-------------|----------------------------|
| Barry | Advocacy Worker |
| Andrew | Advocacy Worker |
| Fred | Advocacy Worker |
| Luke | Collective Advocacy Worker |
| Judith | CAB Officer |
| Brenda | Ex-Ingeus |

Table Two: Research Participants (Intermediaries)

2.2 Data Collection

Interviews were conducted in 2016 in a variety of locations across Scotland. Participants chose where they wanted to be interviewed.

The interviews with participants with a MHC were semi-structured in nature, with the content based on a topic guide informed by the research aim and research questions. Hence it covered participants' experiences of the WCA and the Work Programme (where relevant), their attempts to (re)enter the job market, the types of jobs for which they had applied, and the responses of potential employers, as well as any experiences they had had of employment and Jobcentre Plus. It also included the impact of participants' experiences on their economic, social and psychological wellbeing.

Each interview began with an opening question whereby participants were invited to tell us about their work and mental health history from the time they left school, until the present time. Thereafter, there were no set questions that were asked of all participants. Most areas of interest included in our topic schedule were addressed by participants, with the aid of interviewer prompts, in the course of responding to our initial question. Where topics were not addressed spontaneously by participants, additional questions relating to the topic of interest were asked.

Interviews were, therefore, conducted in a relatively informal manner and took the form of an everyday conversation, with the emphasis on each participant's perspectives and experiences.

On completion of their interview, participants with a MHC were compensated for their time with a £20 supermarket voucher. Travel expenses were also reimbursed where appropriate.

2.3 Analysis

Data were analysed using 'template analysis' (King, 2004), a method informed by grounded theory. However, in contrast to grounded theory, template analysis allows for the development of categories and themes prior to data collection based on the topic guide. The creation of this 'template' allows for the data to be 'sorted' according to the apriori categories and themes, and for new codes and themes to emerge as the analysis proceeds through the use of constant comparison of emerging categories and themes, within and across transcripts. The final themes were then used as the basis for selecting text that could serve as exemplars.

The analysis was aided by the use of NVivo 10, a qualitative analysis software package.

2.4 Ethical issues

Ethical approval for the study was given by Heriot-Watt University School of Management and Languages Ethics Committee.

Individuals who answered one of our calls for participants were given a phone number/email address to contact one of the researchers from whom they could receive further information about the purpose of the study and what it would entail. Thereafter, if they decided to attend for interview, they were provided with further details about the interview process. They were also given an opportunity to ask any questions they had about the study before finally deciding whether they wished to participate. Those who decided to participate were asked to sign a consent form. Participants were informed that they could withdraw from the study, and withdraw consent for the use of any data collected, without the need to give a reason.

It was recognised that some participants might find talking about their experiences of mental health problems, unemployment, and their attempts to (re)enter the job market upsetting. Interviews were terminated if participants became distressed. In addition, all participants were provided with contact details for Breathing Space and the Samaritans, in case they felt they needed further support post-interview.

All data were stored securely in accordance with data protection legislation. All names and identifying information have been changed to protect the anonymity of participants.

2.5 Structure of the remainder of the report

Sections 1 and 2 have focused on the background to study and the methods employed, respectively. In the following three sections, we consider the findings of the study. In Section 6, we present the conclusions and, based on these, make recommendations for policy and practice.

3. Experiences of the Work Capability Assessment

3.1 Introduction

In this section, we report the participants' responses to the WCA. The aim of this section is to illustrate the experiences of the WCA from the point of view of the research participants. This section will begin by summarising the experience of the assessment itself. The following sections will highlight the difficulties individuals with a mental health condition have in receiving an accurate assessment of their illness via the WCA. We will then focus on the appeals process.

3.2 Fitness for purpose of the Work Capability Assessment

The WCA is a two stage process. The first ten questions asked during the assessment determine whether or not an individual is fit for work. Should an individual receive a score of fewer than 15 points, the individual is deemed 'fit for work'. The second stage determines whether the individual is to be placed in the Work-related Activities Group (WRAG) or the Support Group.

None of the participants felt that the first stage questions were suited to assessing their capability to work. As James explained:

"So 18 minutes it took, and all she was interested in was the bog standard "Can you wash, can you cook, can you do this, can you do that?" And as far as she was concerned, as far as the assessment was concerned, if I could do any of these things, I could tie my own shoelaces, wash my hair, that meant I was fit for work" (James)

The first ten questions tend to focus on the claimant's ability to undertake routine physical tasks. Hence, the WCA questions centre on the potential physical limitations that an individual may encounter, rather than any limitations they might face as a result of their mental health problems. Moreover, by their very nature, the symptoms of mental health conditions can be intermittent and fluctuate over time. Thus the 'snapshot' of the claimant's condition captured during the WCA may not be representative of the limitations that the individual might face on a day-to-day basis, and hence their capability to work.

"So they're just judging you on that 45-minute interview, so if you're reasonably well that day, they say you're fit for work. But you know, the week before you could have been lying in bed all day or whatever or the week after. So it's not really fair to judge you on that" (Peter)

"I think that's the reason I failed was because their criteria weren't capable of describing what I was actually suffering from and that's why I think I failed the first one. So, I was answering honestly but she just wasn't asking the questions that properly brought out the symptoms that I was suffering" (Phil)

3.3 Lack of confidence in assessors

Participants reported a wide range of healthcare professionals who acted as assessors for the WCAs. The majority of participants believed that their assessors were not

qualified or trained to be able to assess mental health conditions. Paediatricians, physiotherapists and a doctor (who had allegedly been dismissed by the NHS for gross misconduct) were the backgrounds of just some of the people who had run participants' assessments.

"I remember one of them clearly, he was a German doctor but I couldn't tell you if that was the first or the second. I think he was the second one. The first one, I think she may have been... I think she was a physiotherapist, actually; do physiotherapists... I know it definitely wasn't a fully qualified doctor, it might have been a nurse practitioner. They didn't seem to know much about mental health anyway" (Phil)

Various examples were given by participants of attempts to override the assessor's recommendation by their own healthcare professionals, who were seen to be better qualified/placed to make a judgement. For example, Brian, who was assessed as being 'fit for work', asked his occupational therapist to intervene:

"I got zero points [in the WCA], so I got my occupational therapist to write a letter which was sent to them ... basically saying, he should stay and this is why "because we're doing work with him and you're actually jeopardising the work we're doing with him as part of his staged recovery if you put him on JSA" (Brian)

3.4 Mistrust of the WCA

Many participants expressed their mistrust of the assessment process. In particular, there was a strong sense that no matter what they did or said, it was simply not possible for them to 'get it right', and therefore get a fair assessment of their work capability and their welfare needs.

For example, Donna went for her WCA just after being discharged from hospital. She attended as if she was attending any other interview, and tried to look her best. Like many of the participants, appearing well and on a "good day" resulted in a zero-point assessment result:

"Basically I got a letter reminding me, it was a 12-minute interview. I mean, I'd just got out of the psychiatric hospital, I was on medication. It seems to me so obvious, I was so naïve, and I asked... I was dressed smartly myself, you know, some people really play it thick once they've been in and out a few times, which annoyed me because it gives a false indication of what it's like. So this doctor... it's a questionnaire, 20 questions, basically. Again, the questions you're answering are ridiculously... just stupid. I mean, I just answered them as I saw fit. I was zero points after 12 minutes and I was sent home with a letter to say you don't pass, basically" (Donna)

Simply turning up for a WCA was seen by some to be a problem:

"I mean it's ridiculous, they tell you, if you turn up for the interview as far as they're concerned you're well, but then if you don't turn up for the interview your benefits get stopped – so you're damned if you do, damned if you don't sort of thing" (Peter)

Other participants struggled to know how to answer the questions they were asked during the WCA. While the questions asked of them during the assessment appear anodyne, when they were answered at face value, concerns were expressed that participants' responses provided material for assessors and the DWP to draw broader conclusions about the claimant's capability for work. One of the advocacy workers we interviewed routinely provided advice to claimants about how to deal with apparently straightforward questions asked during the WCA, in order to ensure that their work capability and welfare needs were fairly assessed:

"So for example they won't ask "How's your concentration?" They ask questions that will conclude you concentrate, for example, "Do you watch TV?" And someone says, "Yes, I watch TV all the time." Then they will conclude that your concentration's fine. They might also conclude you might not be that depressed because you're not showing that symptom of depression, which is lack of concentration. So I get people after they've already told me that their concentration is low, and I say to them do you watch TV which they might just for the assessment, I kind of try to plug for more as in "Do you always remember what happens in TV programmes? Do you ever find it tricky to pay attention to what's going on?" Stuff like that. So they kind of come out, "Oh yes, I don't really watch it". People say things like that to me, in the assessment when you're really anxious and stressed you're not thinking about going into specific details that you don't even know are important about this" (Andrew, Advocacy Worker)

In terms of the assessment of their mental health conditions, participants consistently felt that their health was being misreported and misjudged. James explained that following his "failed" WCA (getting less than 15 points), he received the notes of his assessment. These indicated that during his assessment he had not displayed physical signs consistent with his mental health diagnosis.

"During the question and answer session once they turn you down and you appeal they send you all the papers so you see observations and comments that were made by the person who carried it out. On my form I told her that... well I told them that I suffered from anxiety and panic attacks and she made two observations which were quite interesting. She made an observation during this 18 minutes that I was not rocking in my chair and her observation was... and it's written in black and white, "I was not rocking in my chair (which is consistent with anxiety and panic attacks)". Now a couple of pages on from that observation she made a further observation that I was tearful throughout the assessment. Now I was tearful throughout the assessment because I was having a panic attack. Obviously I raised that at my appeal and when I raised that at my appeal the doctor who was on my appeal panel he actually physically gasped and went I cannot believe anyone has thought that let alone written it down" (James)

For many of the participants, dealing with bureaucracy was the most time-consuming and confusing part of the welfare process. Claiming ESA carries the presumption that you are not fit to work, but the requirement to be reassessed or to undertake work related activities (if the points scored fall within the WRAG range) mean that many of the participants feel as if they are not given enough space by the system to recover. The majority of the participants share a suspicion of the entire process.

3.5 Appealing the result of the WCA

Most of the participants who were assessed as 'fit for work' asked for the decision to be reconsidered. The majority of reconsiderations lead to the original decision to be overturned. This must be costing the DWP an awful lot of money.

"I do reconsideration requests, which is the first stage before the appeal. Appeals are based on legislation, so they really need someone that's ..., and advocacy is more making sure the person gets to say what they want to say. They're not going to know about legislation, but they need advice for that, so they're better getting an advice worker to do that for them. I have been involved in the reconsideration, having to write a reconsideration and put out all the points for why they weren't awarded. I think in total, of the ones that I've done, there was only one that had to have an appeal afterwards, so the Board had overturned it at the reconsideration process" (Andrew, Advocacy Worker)

"February 2012 was when I was assessed and then they turned me down. I appealed, I won the appeal in July 2012 and it was all backdated, the money, the extra allowance bit so I got nearly... in fact it might have been just over £1000 actually backdated. Yes, I think it was just over £1000. And I was reassessed again in 2013, and they turned me down again, and I appealed, and the appeal was successful, and then I got another backdated payment and that's been ever since then" (James)

3.6 Summary

This section has presented the findings in relation to participants' experiences of the WCA. and negotiating the welfare system after a failed assessment. The WCA questions seem to focus on physical constraints which may not always seem relevant to people with a mental health condition. However, many of the participants in this research found that their mental health conditions limited their ability to undertake some physical tasks. Yet, the intermittent nature of many of the conditions meant that while the participants were able to report they could do the tasks at the time of the assessment. The WCA does not take into account the fluctuating conditions.

4. Employability and Welfare Reform

With the putative aim of welfare reform being to reduce claims for the ESA element of UC and to move more people into employment, this section evaluates how successful the system is, based on the experiences of the participants. There was a variety of experiences from individuals in terms of earlier experience of employment. For some, their mental health condition had been a life-long concern and other had had sudden onset of mental ill health – having to stop working immediately, often leaving established careers behind. As identified in Table One, we spoke to a wide variety of individuals including lawyers, scaffolders, clerical workers etc. and only one of our participants managed to find work – a graduate who delivered free newspapers.

4.1 *The Desire to Work*

The vast majority of the participants wanted to work and when they felt able to articulate a vision of the future it almost always involved employment. The portrayals of the unemployed in the popular media are very clearly at odds with the experiences of our participants. Many of the people we spoke to had been undertaking work-based activities – either voluntary work or work preparation programmes. For the most part, these activities were initiated by the participants themselves.

Yet, for many of the participants, volunteering represented the “thin end of the wedge” (David). WCA assessors and DWP advisors frequently viewed volunteering as a demonstration of readiness and fitness for work. Assessors and advisors were failing to understand that volunteering and work experience programmes provided individuals with structure and purpose but also allowed flexibility, ensuring that ‘work’ could be managed around fluctuations in mental health.

Moreover, as Andrew, one of the advocacy workers explained, there is no value placed on voluntary work and that removing benefits and moving claimants on to paid full time employment is the only goal of the system:

“Some of the people we’ve spoken to were doing voluntary work, doing voluntary work quite happily, then had to go for their assessment and couldn’t then go back into voluntary work, and there seems to be also some sort of stigmatisation about voluntary work. Maybe for a lot of people, voluntary work is good for them, and it’s not going to get any better than that, but there’s no recognition that actually that is a contribution” (Andrew, Advocacy Worker)

The vast majority of participants who were volunteering, stopped this activity after their initial WCA. There were multiple reasons for this. Often, the process of the WCA had been so traumatic for individuals their mental health had been further damaged and they were unable to sustain any work-related activity. As we stated previously, in other cases, people felt that their experience of volunteering had been used in the WCA as evidence that they were capable of full employment.

A number of participants had been out of work for such an extended period of time that they felt that re-training though a college course would be the only real way of re-

entering employment. However, there is no mechanism for undertaking qualification-based courses whilst on ESA (or the ESA component of UC). Again, the assumption being that attendance at college indicates work readiness. The link between individuals' having control over their work input and mental health is not acknowledged by the DWP or WCP contractors. For some, training for employment may help improve mental health. For others, voluntary work is a contribution that is manageable – but this is as close to work as they are ever going to be.

4.2 “The WRAG”

The ESA work-related activity group (WRAG) members are in a different position to those in the ESA support group as they are expected to attend work-focused interviews, to undertake work-related activities such as training or condition management groups. WRAG members however, have a lower rate of benefit payment because the work-related activity component is remunerated at a lower rate than the support component. There is supposed to be a one-year limit on claiming contributory ESA for the WRAG group.

Whilst we found one participant who was in WRAG and had had no contact with either the DWP or a work programme provider, there was a great deal of variation in terms of the requirements of individuals in the group. Some were expected to ‘check in’ with Jobcentre Plus every few months, whereas others were expected to engage in more formal activities.

“The supposed support they get in the Work-Related Activity Group is ridiculously poor. I have people that basically... what they’ll do is they’ll phone them. They’re supposed to have a face-to-face interview every couple of months, but they’ll phone them maybe once every six months. “How are you doing?” “Oh, I’m still not doing that great.” “Okay, fine, I’ll phone you in a bit,” and that’s it. They just leave them alone, because they can tick the box that they’ve had contact and that’s it. There’s no support about “what can we be doing to help them here?” It’s kind of like “you’ve been placed in this group, but we don’t think you should be there and there’s nothing we can do about it this year. We’ll just tick this box and move on.” (Andrew, Advocacy Worker)

Overall, our research found a great deal of inflexibility in terms of the actual activities for the WRAG participants. Individuals with a MHC have particular constraints that are not accommodated by the WRAG activities. Illustrative of this is Maria, who suffers from anxiety in social situations. For her being in a room with people and having to interact was a cause of excess stress:

“You’re feeling really depressed or feeling very anxious a lot of the things they’re asking you do – it’s making me feel worse. It sets you back having to go to these appointments. And then I had to go to, it was like a work, a preparing for work sort of course thing. And it was meant to be working with people with health conditions. But I found that difficult because it was an awful lot on the limited energy I had, and it was a lot of anxiety as well.” (Maria)

The image that we captured was that WRAG was not working for anyone. Many individuals seemed to feel trapped with the system. The end result is that many the participants felt imprisoned in WRAG. The activities put them under pressure whereas being ignored led to a fear that they should have been more active and that a lack of activity would either make them ineligible for ESA and have them transferred to JSA, or lead to them being sanctioned.

4.3 Searching for Work

For those individuals that are assessed as being ready for work, and placed on Job Seekers Allowance (or the JSA component of UC), there is an expectation that they demonstrate that they are actively seeking work. This involves applying for jobs, looking for vacancies, CV writing and registering with employment agencies. If individuals fail to undertake such activities, there is a potential for sanctioning – that is having benefits stopped.

However, many of our participants fell between the cracks. There were frequent failures in terms of communication between Jobcentre Plus and the DWP - which on more than one occasion led to individuals being sanctioned. In one case, an individual who had epileptic seizures when he looked at a computer screen was sanctioned, for failing to look for vacancies at a Jobcentre, as the only mechanism for searching for work was on a computer.

For those that had been out of work for a long period of time, or were close to retirement age, there was a concern that they would never be able to re-enter the labour market. Participants felt that they were seen as too old or that their qualifications were seen as dated.

*“I mean no one, no one would employ me at all. Even though, you know, I don’t blow my horn but I do perform better than most of the other support workers. I’m a very professional person when I’m in work you know? But I wasn’t given the chance because I didn’t have the employment history. That was the main thing”
(Ken)*

There were frequent tensions between the perceptions of medical professionals and representatives of the DWP. Participants that had ‘failed’ their WCA and been placed on JSA were often declared unfit for work by their GP. So, participants had to comply with DWP requirements and being seen to be engaging with a search for work, in order to avoid being sanctioned, yet were declared not fit for work by their own GP.

4.4 Summary

The putative aims of the WCA are to facilitate the (re) entry of larger numbers of into the labour market. However, the current system is flawed. It fails to allow those people that want to engage in voluntary work or work-related activity to enact this as there are potential ‘penalties’ in the form of a reduction in points in the WCA. As a consequence, when people are in a position to re-enter the labour market there are frequently ‘gaps’

in their CVs. Moreover, as the next section will describe the process of the WCA is frequently so disruptive that any attempt at voluntary work or work-related activity ceases leading to further problems in terms of developing employability skills.

5. The Impact of the WCA and Benefits System on Individual's Mental Health

5.1 Introduction

The aim of this section is to explore the impact of the benefits system on the mental health of the participants. We focus on the negative experience of the WCA and the damaging effect of the assessment on participants. The inflexibility of the system was widely noted by participants, with phased returns and the advice of health care workers often being superseded by the priorities of the WP to get people back in to work. This section will also look at the multiple forms of stigma that are faced by benefits claimants.

5.2 The Damage the WCA Can Cause

Virtually all participants that had been through the WCA found the experience emotionally damaging. The WCA frequently failed to adhere to appointment schedules. Having to sit in a room, for up to an hour, waiting for an assessment presented an extremely stressful situation for people with a mental health condition. Moreover, the feeling of being judged, having to justify their condition to a stranger, and feeling that there is a possibility of being made to return to work - whilst still feeling very unwell - was very destructive for participants.

'I think the last stats we did were in August and something like 60% of them saw a deterioration in their mental health, with 15% of them feeling suicidal with it... They just got so anxious about it. I think a lot of it is to do with what they see in the media. It doesn't help and I keep saying to people, "When you get the letter, don't Google it. Whatever you do, don't Google what to do in your assessment, because you'll just get horror stories," but they do and it just makes them worse, because they read all these other stories and think, "This is going to happen to me and they're going to make me do this," and I keep saying... they make themselves worse and then sometimes it's quite a lengthy process. From filling in the form to getting your letter through for your assessment to getting your assessment and then getting your award, it can take about six months, and all the time they've got that over their head, "I might be losing my benefit, they might make me go back to work and I'm not ready to go back to work." Gradually they start to get worse" (Andrew, Advocacy Worker)

5.2 Experiences of Stigma

A theme that emerged throughout the research was the experience of stigma for participants. While discussions of mental health and stigma were common, for most of the participants, the stigma of claiming benefits or being seen to be unemployed was a far more illustrative of the social problems many of them experienced. For example, Jessica describes the occasions that she had to access a crisis grant.

“and he said to me that there must be a black hole somewhere with all these letters in it because we keep hearing this and people are having to phone for this and I thought “Thank God, he’s actually listening, he sounds lovely, he sounds... he’s got empathy” and he says to me, “so financially, tell me what you’ve had” and I said “I just got paid today but £38 of that came out in bank charges” and instantly, his tone of voice changed. And he says, “well, do you know what, you got yourself into debt, so you had to pay these charges, so I’m not willing to help you.” That was his exact words. I actually, I was in shock, I just froze and I dropped the phone – and I went into a panic attack. I couldn’t... I had less than £20 to live on and the next lot of money that was coming in would have been 5 days later, when I got the £20 child benefit. So I had less than £20 to live for 5 days, with a child and I was having to put that into the gas and electricity – so I had no money for 5 days. I had no money and this man told me he’s not willing to help me because you got yourself into debt” (Jessica)

Reflective of a number of academic studies (e.g. Baumberg et al., 2012), participants cited media portrayals of the unemployed as a cause of stress. These participants argued that the media discourse left them feeling stigmatised because they were out of work. Within these accounts, many felt that they were disadvantaged by the lack of a physical representation of their condition.

“I do find the stigmatisation has occurred because there’s been such media backlash against people. Because they see someone in a wheelchair, who can’t walk or with a disability they can see physically [] and because people like myself, who don’t exhibit on a disability physically as a handicap. We have a handicap in our mind and because we can’t, we can’t... it’s not as clearly seen because it’s in the subconscious in your mind. And because they can’t see that, you are then demonized - so all the backlash is like we’re skiving off work, we don’t want work and I think the whole medias’ overdramatising and it’s been like a witch hunt” (John)

Indeed, reflective of the commentary in Section Three in relation to the lack of physical evidence of a mental health condition, Phil explained how it is necessary to demonstrate ill health through other means.

“When I passed the appeal... and when I passed I was smiling and I was walking down the hall going “thank God that’s over” and I was cheery. And the people that I was with they were an advocacy agency said... “Stop smiling” and I thought that was really... I felt, actually, quite upset about the fact that I wasn’t allow to enjoy the fact I had passed my appeal because they are obviously thinking “it looks like you’re gaming the system” or something, you know. And that made me feel really bad that I couldn’t actually be genuinely happy by the fact that I’d been found sick” (Phil)

Around one-third of the participants reported experiencing physical illnesses in addition to their mental health condition. Iain’s account demonstrates how a physical condition is treated in a very different manner to a MHC. While claiming ESA for his mental health condition, Iain developed cancer. He recounted how “relieved” he felt to have physical evidence of illness:

It's frustrating because people generally think I'm looking healthier than I was... and they think I'm okay but they don't know what... on the outside, when I get back to my house, I go into a different world: it's just shambolic. But when I had my ear cancer treatment I had a bandage on my head and it was great because people could see there was something wrong with me [laughs] ... and I says to the nurse at the hospital "I should come here and get a false plaster on my arm or something... so people think I'm ill all the time, because people don't see anything with me" (Iain)

5.3 Summary

The findings of this section indicate that the process of claiming benefits and undertaking the Work Capability Assessment lead to greater stress and worsening mental health. The claimants interviewed for this research and the advocacy workers we spoke to all noted that the processes put in place by the DWP are damaging to wellbeing. The uncertainty of being on ESA and the stress of potential reassessments frequently led to a situation where recovery was impossible. There was a perception by participants that managing their MHCs is seen by the DWP, as secondary to returning to employment. There is a perception by participants that being out of work and lacking physical signs of illness is viewed socially as being a 'shirker'.

6. Conclusions and Recommendations

Mental health problems cost the economy of Great Britain in excess of £40 billion each year² (excluding the value of their effect on the quality of life of the individual). About two thirds of the cost is due to their impact on people's ability to work. About 11 million people of working age in Great Britain experience mental health problems and about 5.5 million have a common mental health condition.

There is some evidence that the adverse impact of mental health problems on the economy is growing faster than that of physical health problems with a significant proportion of people who are claiming the ESA component of UC having a MHC (over 40%). Although they only accounts for 15% of all claims for DLA, mental health problems are now the commonest cause of new claims

Our research has reinforced the fact that people with mental health problems face more stigma and discrimination than those with physical health conditions and that this discrimination is built into the WCA. The poor consideration of mental health is one of the factors that seems to lead to the WCA exacerbating existing MHCs as people with MHCs are frequently assessed inaccurately and have to fight for reconsideration or struggle to return to work.

There is a separation between primary care workers, the WCA assessors, the DWP and Jobcentre Plus. This results in a failure to present a coordinated approach to the consideration of health and whether, or how, return to work is possible. Despite changes in recent years, there is still a "benefits trap" for some people with mental health problems. Contradicting media accounts of people on benefits being 'work shy', we found that most of our participants wanted to be engaged in some type of work-based activity.

The opportunity to engage in work-related activity is however, made near on impossible. Many of our participants were undertaking work experience or voluntary work, yet at the point of undertaking their first WCA the assessment experience was so damaging they stopped engaging in any work-based activity and did not return to it. This further reduces long-term employability and potentially increases dependency of benefits. Moreover, there was a perception from assessors that if someone can undertake voluntary work they can manage paid work. This is a naïve perspective. For many people with severe and enduring MHCs, voluntary work maybe 'as good as it gets' and there is a failure in the system to support and reward this. It is hoped that with some provision to devolve welfare-to-work to the Scottish Government - as contained in the Scotland Act 2016 – the value of voluntary work to both society and the individual is something that can be addressed.

² We do have specific figures for Scotland available.

Preliminary Recommendations

- The WCA needs to be entirely re-written and re-defined. Questions need to focus on the potential barriers to work for a variety of physical and mental health conditions
- Assessments also need to focus on what people want to do and what can be put in place to aid their plan
- There needs to be closer and more effective contact between the DWP, Jobcentre Plus and the WCA providers.
- The WCA is likely to be more effective if it is not outsourced to private contractors
- The WCA needs to run to time and be conducted by individuals that are trained in the specifics of an individual's condition
- More weight needs to be given to recommendations and reports from GPs, Psychiatrists and other medical professionals working with claimants.
- Greater value needs to be placed on voluntary work and work-preparation activity
- The assumption that engagement in voluntary work means that an individual is fit for employment should be eliminated
- There needs to be greater flexibility in terms of opportunities to undertake training whilst on ESA
- There needs to be acknowledgement that engagement in voluntary work maybe as 'good as it gets' for some people with a MHC

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