

The Reform of Incapacity Benefit

**Response to the DWP Green Paper – A New Deal for
Welfare: Empowering People to Work.**

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Introduction

As the Green Paper says, around 40% of all claimants are on incapacity benefits because of a mental health condition. The vast majority of these people want to work (1)(2)(3). Employment of people with mental health problems brings about a markedly improve quality of life (4)(5). And yet mentally ill people generally have a lower level of employment than any other disability with the exception of those with learning difficulties.(6)

To achieve the target of reducing the number of incapacity benefit claimants by one million over ten years it will be essential to help a substantial proportion of mentally ill claimants into work.

This response identifies how four features of the system need to be designed to achieve this. We take them in the order in which they affect a person's claim. They are:

1. GP certification
2. The Personal Capability Assessment
3. Personal adviser interviews particularly in the context of the planned contracting out of job placement functions
4. The Linking rules

1. GP Certification

We suggest the following approach as a more effective means of achieving the Government's objectives than that described in the Green Paper.

- a) **that GPs be encouraged to point out to patients with mental health problems (and other disabilities) the importance of work for well being and self esteem;**
- b) **that GPs should not sign a new certificate for mental health problems without initiating treatment according to the NICE guidelines;**
- c) **that, as these guidelines imply GPs should have access to evidence based therapy services to which they can refer patients given a sickness certificate (the subject of the Department of Health's current Improved Access to Psychological Therapy initiative);**

- d) that GPs have access to an occupational health adviser, to whom they can easily refer patients at an early stage of their sickness absence to obtain a second opinion on the nature and level of their incapacity and to provide the patients with occupational health advice.(7)**

The NHS Confederation rightly points out that “a ten-minute consultation slot is rarely enough time to talk through and explore an individual’s desires about work”(8). But the Green paper envisages a long list of time consuming activities for GPs – expecting GPs to record sickness certification; provide more comprehensive fitness-for-work advice; use an advice line to help manage working age patients; and attend courses on health and work. The threat behind all this is that GPs will be performance measured and audited on this work. Already GPs would prefer not to be involved in sickness certification. A punitive approach will increase resistance to being involved in this work.

The Department of Health’s 20 Primary Care Collaboratives are a step in the right direction. They will:

- Identify a list of patients at risk
- Implement the stepped care approach
- Implement NICE guidelines (making available evidence based therapy to people with mental health problems).

The objectives of the collaboratives are:

- a) to reduce GP consultations for mental illness
- b) to increase referrals to other primary care staff
- c) to reduce referrals to secondary care
- d) to reduce the number of patients issued with sickness certificates for more than 13 weeks.

The approach we recommend would build on this. It would avoid the risk of alienating GPs and putting their relationships with their patients in jeopardy.

London Mental Health Trusts are currently examining the possibility of providing ‘employment specialists’ in all Community Mental Health Teams, Assertive Outreach Teams, Early Intervention Teams and Substance Abuse Teams.. They will be one source of occupational health advisers under the new system. The Trusts are building constructive working relationships with Jobcentre Plus to support the employment objectives of the DWP.

2. The PCA

- a) The new PCA should be undertaken by professional assessors.**

b)The system needs to ensure that non-attendances by claimants with mental health problems are followed up by a home visit or telephone call as in the Pathways pilots.

We are reassured to note that the Department will be working with health professionals, personal advisers and disability groups to “ensure that the transformed assessment process is fair and equitable in application and operation.” We trust the Department will be taking account of the conclusion of the House of Commons Committee of Public Accounts Report of 2003-04 (9). We strongly endorse their recommendation that “Improvements should be made to medical assessment for specific groups, such as those with mental health problems. There is evidence that people with mental health problems experience greater than average difficulties in attending examinations, being assessed and getting a fair hearing. The contractor’s doctors should be trained to recognise and deal with customers with mental health problems.”

The CAB Evidence Briefing of February 2006 gives considerable cause for concern that the system has not improved since 2003-04. They say:

- CAB clients lose benefits immediately if they miss an assessment, even though they often have good cause.

The following is just one example from a London Mental Health Trust which illustrates the significant cost to the individual and to the taxpayer of lack of reliability in housing benefits payments when people lose a job. An individual (lets call him Peter) was sacked by his employer for inappropriate behaviour carried out while he was psychotically depressed. His landlord evicted him within 48 hours of his losing his job. When referred to the mental health service Peter was living rough, was suicidal and thinking of throwing himself in front of a car. His assessment led to an emergency admission to hospital. He remains in hospital eight weeks later at a cost of £500 per day – a total of £28,000.

A visit from the Jobcentre Plus office and immediate restoration of Housing Benefit could have enabled Peter to keep his home and to be treated by the Crisis Resolution Team. The result would have been a considerable saving to the tax payer.

Mental Health Trust staff in Community Mental Health Teams spend a great deal of time dealing with life crises which result from decisions made by employers, landlords and the DWP.

3. Interviews and support by Personal Advisers

- a) Interviews at eight weeks and monthly thereafter for six months should be undertaken by people with expertise in mental health;**

- b) Non attendance should not lead to reduction of benefit until a home visit or possibly telephone call has established that the individual was well enough to have attended the interview.**
- c) A claimant with mental health problems should have the opportunity to be accompanied by a friend/relative who could ensure that the situation is fully understood by the interviewer and interviewee.**
- d) Condition management should comprise evidence based therapy provided through the NHS rather than a variety of counselling and support which may not be effective with the client group of concern.**

The Green Paper refers to the heavy investment in training for personal advisers in Pathways to Work areas. Even in these areas we understand that the programme which has been very successful with many client groups, has not been successful with clients with mental health problems.

Possible explanation for the lack of success of Pathways with claimants with mental health problems:

- Concerns that work may be stressful and may lead to a relapse of their mental illness. (5)
- Fear of the stigma and discrimination by employers
- Fear of being worse off in work. Many mentally ill people work in jobs at the minimum wage and may not manage full time in the early months, if at all.

Sensitive work by personal advisers and support for employers will be necessary if the Government is to achieve its objectives.

Our recommendations are of particular importance in the context of the planned contracting out of the job centre functions to the independent sector in many areas.

We understand that the decision to contract out these services was based upon the research report evaluating Employment Zones (10) But the contracted out Employment Zones were not compared with the re-engineered New Deal 25+ but with its inferior predecessor.. Not surprisingly the Employment Zones did relatively well. It is clear that this evaluation is not a sound basis for deciding whether or not the Pathways model should be contracted out to the independent sector.

Nevertheless, if this decision has been taken, we would only urge that our recommendations be applied to all organisations delivering services to people with mental health problems.

4. Linking Rules

If the Government is to reach its target then three adjustments to the current linking rules will be necessary;

- (i) An automatic system for the re-establishment of benefit will be necessary for those with severe and enduring mental health problems.**
- (ii) An extensive and ongoing training programme for staff on the linking rules;**
- (iii) The linking rules must apply to Housing Benefit.**

The Green Paper recognises the importance of financial security if those on benefit are to be encouraged to move from benefits into work. The current linking rules go some way to achieving this. However, the re-establishment of benefit is **not** automatic. A shorter form than usual must be completed and the case assessed afresh before benefit is restored. One of the distinctive features of mental illnesses which separate them from physical disabilities is that the claimant with severe and enduring mental health problems or recurrent depression will, in a crisis, probably not open post, respond to telephone calls, or indeed get out of bed in the morning. Staff working with such claimants say that the last thing on their minds during a crisis is money; the need to pay the rent; or the need to make a claim.

We have proposed the creation of a register of claimants to whom a truly automatic restoration of benefit on the loss of work due to mental breakdown would apply (11). Inclusion on the register would depend upon a full PCA. Having won the place on the register, as a person suffering from fluctuating but severe mental health problems, the linking rule should work automatically as a result of a psychiatrist's endorsement that the service user is out of work. The short form could then be completed subsequently but within a reasonable period.

The reason for recommending an extensive training programme on the linking rules is that mental health trust staff are aware that the majority of Jobcentre Plus staff do not know the rules or do not understand how they work. Clearly this situation will undermine the Government's objectives if not effectively tackled.

If some financial security is to be achieved, then the linking rules must apply to Housing Benefit. The Department is well aware of this and is working on it. We understand that technically, this should not be an insurmountable problem. Mental Health Trust staff tell us that it takes some three months to 'sort out housing benefit' following a change of circumstances (a move from work onto benefits, for example). Crisis management when a service user changes their circumstances resulting in benefits loss can generate a huge amount of work for NHS staff in trying to stave off eviction of the service user and avoid the need for hospital admission. Often the first staff know of a service user losing their job is when an eviction order arrives and the service user phones the team for help. Despite great efforts on the part of staff, these situations too often lead to costly hospital admissions.

Conclusion

The Government objective to provide better opportunities for people with mental health problems to enter employment is welcomed. However, the reform package must be sensitive to the particular barriers preventing this group from finding work if

it is to succeed. We firmly believe that our proposals will greatly enhance the likelihood of the Government achieving their ambitious target of reducing the numbers of IB claimants by a million over a decade.

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