

Written evidence from Mind (HAB0040)

About Mind

Mind is the leading mental health charity for England and Wales. Mind believes no one should have to face a mental health problem alone, and provides advice and support to empower anyone experiencing a mental health problem, and campaigns to improve services, raise awareness and promote understanding.

How could DWP improve the quality of assessments for health-related benefits?

1. For assessment quality to improve, there needs to be a fundamental shift in the culture, attitudes and assumptions of DWP staff and assessors. People with mental health problems tell us they repeatedly have to justify themselves to people who appear to operate from a starting point of disbelieving them. People with mental health problems regularly feel that their assessments are adversarial, with assessors who appear to be trying trip them up, rather than understand how their mental health affects them. We hear from people that their assessors lack sympathy or understanding of mental health problems, make unfair assumptions about them, and ignore what they tell them.
2. As well as this, one of the most frequent problems that people with mental health problems raise with us is inaccuracies in their assessment reports. These include reports which omit significant details as well as reports which seriously mischaracterise what took place during their assessment. The DWP have been aware of this for some time, but have failed to take enough action to stop it. It is crucial that such low quality assessment reports are stopped.
3. On top of inaccuracies, assessors sometimes write observations in their reports such as how someone was well dressed, that they didn't 'seem' or 'sound' anxious, or that they maintained eye contact. In some cases it's been determined that they can engage with others because they had 'a good rapport' with the assessor. These points are used to suggest that someone is less unwell than they are saying they are. They are based on a mistrust of the person being assessed, and misunderstanding of the myriad of ways in which mental health problems present and their fluctuating nature. In PIP assessments, they also show a failure to apply the reliability criteria.
4. People are often asked to speak about traumatic incidents, self-harm and suicide attempts during their assessments. As assessors do not necessarily have expertise in the health problems of the person they are assessing, these questions are often asked by assessors who are not adequately trained to ask the questions well, or deal with the fallout if the person struggles with having to respond. As a result, we hear from people who feel suicidal as a result of their assessment. It is also often unclear what relevance these questions have to the assessment criteria. Currently, there is a significant risk to the safety of any person with mental health problems who goes through an assessment due to the content, the approach of assessors, and assessors unqualified to support someone with mental health problems.
5. The DWP should require assessors to have more focused training on mental health problems, particularly on challenging common misconceptions around mental health, how assessors can make sure they do not ask unnecessarily invasive questions, and

how they can ask necessary questions sensitively and safely. The DWP should ensure assessment providers have more mental health specialists working as assessors and overseeing assessments for people with mental health problems.

6. As we outline in our report *People, Not Tick Boxes* (2020), in order to improve PIP activities and descriptors, we want to see the UK Government create a new independent commission led by disabled people with experience of claiming benefits. The commission would consult widely with disabled people to design new assessments. The commission would also include other experts such as carers, GPs, mental health professionals, welfare rights advisers, and occupational health practitioners. Together, they would propose new kinds of questions and criteria for both the WCA and PIP assessments which better reflect how a person's disability or health condition can affect their chances of finding sustained employment, and the extra costs they incur in their daily lives.
7. We also believe that the Government should introduce an independent regulator of the social security system. This regulator would inspect the centres where assessments take place, as well as the centres where staff make decisions on benefits. They would review samples of the reports which assessors write, and the decisions made by the DWP as well as recordings of the assessments themselves. They would be independent from Government, with the power to compel evidence from the DWP and produce reports which hold them to account. An independent regulator would monitor how well the Department is fulfilling its duties under the law, protecting the rights of people applying for benefits, and living up to the values of dignity and respect which should underpin assessments for disability benefits.

Do the [descriptors for PIP](#) accurately assess functional impairment? If not, how should they be changed?

8. PIP descriptors are not capturing mental health problems well enough at the moment, and more mental health relevant activities should be added. We regularly hear from people who have PIP assessments they feel are unfair and have resulted in inaccurate outcomes. People frequently tell us that they feel there is not enough focus on mental health during their assessments, they are asked irrelevant questions and not given a chance to speak about the reality of their mental health. Some people with both physical and mental health problems find that their mental health is ignored completely.
9. The problems are not just in the descriptors, but in the questions assessors ask to determine which descriptor someone's experience meets. People tell us the questions they are asked are often loaded or feel irrelevant. Local Mind advisors tell us that assessors regularly do not properly apply the reliability criteria. PIP doesn't cover fluctuating conditions well, in part due to the lack of use of the reliability criteria. Changes to the assessment should make better use of this reliability criteria.

Do the [descriptors for ESA](#) accurately assess claimants' ability to work? If not, how should they be changed?

10. In a recent survey, we asked people with mental health problems whether they thought their Work Capability Assessment accurately assessed how able they were to work at that time. Of the 511 people who responded, just 29% said yes, 27% said somewhat but not fully, 35% said no and 9% didn't know. Some of the reasons for this are related to assessment practice, as we detail above, and some is related to the WCA activities and descriptors.
11. In our survey in August 2021, the most common point people made in relation to the activities and descriptors was that they felt the assessments questions were not relevant enough to them. Many are abstract and difficult to understand. Some people expressed that the assessment should be more personalised, and based on the evidence they had already provided rather than having to start from scratch. A commonly held view is that there are not enough questions about mental health problems, or enough chance for someone to speak properly about how their mental health affects them. This means that the DWP are frequently not collecting enough information to fully see how someone's mental health problems affects their ability to work.
12. While criteria for both PIP and the WCA include references to how a person's condition varies and fluctuates, we hear from many people who are not asked questions about this during assessments or who were not given room to explain how their health varies. People are also not given space to talk about how different contexts will change their ability to cope, or the cumulative impact of having to carry out many activities. Crucially, questions asked during a WCA often have no clear link to the real world of work. People should be directly asked about their work experiences and the impact of work on their mental health. People should also be asked whether being expected to make steps to prepare for work would pose a significant risk to their mental health, so that the DWP fulfils its legal duty to ensure that in these cases the person is treated as having limited capability for work related activity.

How practical would it be for DWP's decision makers to rely on clinician input, without a separate assessment, to make decisions on benefit entitlement? What are the benefits and the drawbacks of such an approach?

13. We believe that the DWP could and should be carrying out more paper-based assessments. We hear from many people with mental health problems who provide evidence or have health professionals or support organisations who are able to give evidence on their behalf, but are still required to go through a full assessment. We know how damaging benefits assessments can be to people's mental health, at a time when they are already unwell, and many people find it very difficult to answer the questions asked of them during an assessment. DWP should do more to do reduce the need for such assessments.
14. In our survey of people with mental health problems carried out in August 2021, we found that people assessed on paper only were more likely to report that it accurately assessed how able they were to work at that time than those assessed by any other method. This was 49% of people assessed by paper (32 out of 65 people) compared to 28% of people assessed at an assessment centre (73 of 258 people), 31% of

people assessed at home in person (12 of 39 people), and 31% of people assessed on the phone (26 of 84 people).

15. However, the DWP should always offer face-to-face assessments for people who want them or don't have evidence. It is important that decision makers remember that when someone is not able to provide evidence, this does not mean that their mental health problem is not severe. Large numbers of people with mental health problems have no access to services or support – the latest data from NHS Digital (2016) showed that only 1 in 8 adults with a mental health problem were currently getting any kind of treatment. The DWP should enable people to give evidence from people who are not health professionals, but know the person well. Some benefit advisors, support workers or people in similar roles will know the person applying for benefits well enough to give evidence about how their mental health affects their ability to work. Such evidence provided must be taken seriously by DWP.

Appeals data shows that, for some health-related benefits, up to 76% of tribunals find in favour of the claimant. Why is that?

16. The DWP are currently not doing enough to make sure they get their decisions right the first time. The issues with quality and approach which we detail above are key in this. We also know that people often spend a long-time filling in forms and providing evidence which DWP do not consider, or ask to have someone give evidence on their behalf and are told by DWP or assessment providers that this is not possible. We hear from local Mind benefit advisors that often the evidence someone presents in their initial application is not recognised at the decision-making process and results in an inaccurate finding that they are fit for work, is still ignored at the Mandatory Reconsideration stage, but then is used as the basis for overturning a decision at appeal.
17. Lots of people tell us that they haven't appealed unfair decisions, because the process has been so stressful. We believe that appeals show just a portion of the true number of cases in which DWP is denying people access to support to which they are entitled.

Is there a case for combining the assessment processes for different benefits? If not, how else could the Department streamline the application processes for people claiming more than one benefit (eg. PIP and ESA)?

18. We do not think that assessments should be combined. Assessments for different benefits should be assessing different criteria. There are also too many problems with the WCA and PIP assessment for it to be reasonable to risk both parts of someone's income on one assessment.
19. The DWP should not take the suggestion in the Health and Disability Green Paper of a single benefit any further. The upheaval of the process to create a single benefit for disabled people would cause too much stress for many people and the DWP should instead focus on improving the workings of the current system. The proposal for a single benefit has suggested to many that the DWP intend to make PIP means tested – this would seriously harm many people with mental health problems who rely on

PIP but for a variety of reasons do not meet financial criteria for means-tested benefits. DWP should clarify that they have no intention to make PIP means tested.

20. Instead, the DWP should improve the current assessments and benefits, explore how it could improve the use of information it collects and whether they can passport people who receive elements of one benefit onto the other. They could also create a process by which if an assessor can see from an assessment that the person would be entitled to another benefit as well, they can recommend this.
21. We believe that the DWP should focus on undertaking more paper-based assessments and reducing reassessment frequency. It is very disappointing that the DWP has decided not to introduce a minimum award of 18 months for PIP, as this would help significantly. The current system of frequent face-to-face assessments causes avoidable harm to large numbers of people with mental health problems who face a lack of security in their income. We hear from many people who find the stress of attending benefits assessments difficult or impossible to manage, especially if they receive both PIP and ESA or UC and their number of reassessments feels particularly acute. In many cases, the frequency of benefits assessments is making people more unwell. DWP should extend the length of time between reassessments for everyone; and make it possible to apply for a long-term benefit award.

What are your views on the Department’s “Health Transformation Programme”? What changes would you like to see under the programme?

22. The Health Transformation Programme presents some potentially positive developments, and some potential pitfalls. With a combined IT service, it will be useful for people if, with their permission, evidence used for one application can be considered for the other. If this means people have to repeat themselves less and have to go through fewer assessments, this will make the benefits system simpler. However this should only be done if an individual opts into this, and must not begin a ‘digital-by-default’ process. As the programme concerns different benefits which are for different purposes, the DWP should not assume they can always use the same evidence, or if the evidence isn’t there that the person is not entitled to a benefit. They should always be seeking more ways to support someone to show they are entitled to a benefit.

What would be the benefits and drawbacks of DWP bringing assessments “in house”, rather than contracting them to external organisations (Capita, Atos and Maximus)? In particular, would this help to increase trust in the process?

23. The priority is that DWP improve assessments, increase the rate at which they get decisions right from the start, and put people through less stress. We don’t have a view on whether DWP or external organisations deliver these assessments, but we are concerned at how little the DWP seems to be able to make assessment providers improve on their performance. Private assessment providers have proved so far unable to stop inaccurate reports or show people with mental health problems enough understanding of their experiences. The DWP should watch Scotland’s example carefully to see if their new process improves the accuracy of assessments.

What lessons should the Department learn from the way that it handled claims for health-related benefit claims during the pandemic: for example, relying to a greater extent on paper-based assessments, or using remote/telephone assessments?

24. It's important that the Department make efforts to carry out more paper-based assessments and provide more assessment methods. We've heard from some people for who being able to do an assessment over the phone has been really helpful, and others who felt their phone assessment was less fair than if they had done it face-to-face. Others are not able to take part in phone assessments because talking on the phone is a source of anxiety for them. While remote assessments should continue to be used, we believe this should only be when that is the assessment method is chosen by the person being assessed.
25. The DWP should also extend the time people have to return the ESA50, UC50 and PIP2 forms and their evidence to three months. During the pandemic, when the usual one month was extended to three, it has been easier for people to get the evidence they need and has meant the DWP has made the right decision the first time more frequently. Permanently making this time period three months instead of one would reduce the need for Mandatory Reconsiderations or Appeals.

Is there a case for making some of the changes permanent?

26. Yes, but these can also be made more person-centred. Providing a choice of a range of assessments methods is important in improving assessment accuracy. This includes making more paper-based assessments. Experiences of telephone and video assessments during the pandemic have been varied, as face-to-face assessments have always been. Mental health problems affect people differently, meaning some assessment methods will work for some people and not others. It is crucial that the DWP allow people to choose the method they are assessed by.
27. The DWP need to give people more information about assessment methods and enable them to make an informed choice in how they are assessed. People should be able to book the method and time of their assessment that suits them, so they can arrange support if needed.

DWP believes that applications for some benefits dropped sharply at the start of the pandemic because claimants weren't able to access support (for example, from third sector organisations) to complete their applications. What are the implications of this for how the Department ensures people are able to access health-related benefits consistently?

28. The DWP should put more work into making the benefits system simpler, more accessible, and less stressful. It should make sure it responds to needs for reasonable adjustments. There should be more flexibility inbuilt into the system so that it can respond to people's different needs.

How can the Department best help the third sector to support claimants in their applications?

29. The UK Government should introduce a fully funded new duty on councils to provide comprehensive welfare rights advice, for anyone looking to apply for or already receiving benefits. This is outlined in the Association of Mental Health Providers' open letter 'Social Security Benefits and Health and Wellbeing: The Case for Change' (2020).

DWP recently published research on the impact of applying for PIP or ESA on claimants' mental and physical health. What would be the best way of addressing this?

30. These research findings are largely consistent with what we hear from people with mental health problems. The issues raised are symptoms of a system that is not person-centred, and is built on gatekeeping. Rather than a process by which people are able to discuss the support they need and can trust the DWP to provide it, people are asked to prove they fit in to very specific boxes. As we highlight in response to question one, a fundamental shift to the system is necessary. The research makes it clear that system needs to be more flexible to people's needs and more accessible information should be available to people who want it.

How effectively does DWP work with stakeholders—including disabled people—to develop policy and monitor operational concerns about health-related benefits?

31. The DWP have undertaken work to listen to people's lived experiences to understand the issues with the benefits system. They reflected people's experiences of assessments well in the Green Paper, but didn't fully see these through to making policy proposals which would make the changes people are telling them they need. We're yet to see whether the DWP has truly heard what people have told them. It appears to us that the department are still resistant to making the fundamental changes that people with lived experience and stakeholders tell them they need to make.

What steps could the Department take to improve its engagement with stakeholders?

32. The DWP should go back to the people who attended their Green Paper events, or the organisations through which they reached them, to show how they have taken on board their specific feedback and how they are going to improve the benefits system. The DWP must do more to co-design an improved system with disabled people and people with long-term health conditions.

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