

Written evidence submitted by Mind

Work and Pensions Select Committee inquiry into Benefit Sanctions 2014

Mind is the leading mental health charity in England and Wales. We provide advice and support to empower anyone experiencing a mental health problem. We campaign to improve services, raise awareness and promote understanding. Ensuring the benefits system is both fair and supportive for people with mental health problems is a key part our work due to the high numbers of people with mental health problems who receive this support.

1. Focus of Mind's response

This response will focus on people with mental health problems who are sanctioned whilst on Employment and Support Allowance (ESA) in the Work-Related Activity Group (WRAG). Sanction statistics are not currently collected for people with mental health problems on Jobseekers Allowance (JSA). However, we know that many people on JSA do have mental health problems and so, from the evidence we present below, it is likely this group are at a similar risk of being inappropriately sanctioned.

2. Summary of key points

- People with mental health problems who receive ESA are being disproportionately sanctioned compared to other disability groups
- This is happening because:
 - The current system of conditionality is based on an assumption that people are out-of-work due to a lack of motivation or willingness, rather than the impact of their mental health problem and the barriers this leads to.
 - The current categorisation of benefit claimants is ineffective and inaccurate.
 - People with mental health problems are asked to undertake inappropriate activities and are under inappropriate levels of conditionality.
 - There is a lack of understanding of mental health throughout the whole benefits system.
- There is little evidence to show that sanctions are helping to move people with mental health problems closer to work
- Sanctions are having a detrimental effect on the health of people with mental health problems

3. People with mental health problems are being disproportionately sanctioned

3.1. *Table 1* shows how the monthly number of sanctions for people on ESA has risen by almost 10 fold, from 600 in January 2012 to almost 5000 in December 2013.

3.2. The level of sanctions received by those with mental health problems in the WRAG is increasingly disproportionate to the proportion of people with mental health problems in this group. In January 2012, the percentage of those sanctioned who had a mental health problem was 52 per cent, however in December 2013 this figure was 62 per cent.

3.3. In November 2013, 61 per cent of ESA sanctions were received by people with mental health problems, despite this group making up only 48 per cent of the WRAG – a

discrepancy of 13 per cent. This discrepancy has increased from four per cent in February 2012.

3.4. From the start of 2012 to the end of 2013 there was an overall increase in sanctions of 698 per cent. However, for all conditions apart from mental health problems this increase was 526 per cent, whereas for people with mental health problems, the increase was 859 per cent.¹

3.5. It is clear from this evidence that, if you have a mental health problem, you are more likely to receive a sanction than if you have any other condition.

Table 1. Adverse Sanction Decisions for those with Mental and Behavioural Disorders

Month	All ESA Sanctions	Mental & Behavioural Disorders	% of sanctions	% of people in the WRAG with Mental and Behavioural Disorders	Difference
Jan-12	600	310	52		
Feb-12	750	380	51	47	+4
Mar-12	880	490	56		
Apr-12	910	480	53		
May-12	1,110	590	53	48	+5
Jun-12	1,020	580	57		
Jul-12	1,260	710	56		
Aug-12	1,120	610	54	49	+5
Sep-12	1,210	670	55		
Oct-12	1,640	900	55		
Nov-12	1,640	910	55	50	+5
Dec-12	1,190	670	56		
Jan-13	1,510	860	57		
Feb-13	1,270	730	57	50	+7
Mar-13	1,300	740	57		
Apr-13	1,800	1080	60		
May-13	2,170	1250	58	50	+8
Jun-13	2,160	1290	60		
Jul-13	2,245	1354	60		
Aug-13	2,193	1352	62	50	+12
Sep-13	2,603	1602	62		
Oct-13	3,372	2006	59		
Nov-13	3,837	2336	61	48	+13
Dec-13	4,789	2974	62		

¹ Statistics calculated from Department for Work and Pensions FOI requests:
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/295384/foi-79-2014.pdf
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/343310/foi-2014-2282.pdf

4. Why is this happening?

4.1. We believe there are four main reasons as to why there are a disproportionate level of sanctions faced by those with mental health problems:

- The current system of conditionality is based on an assumption that people are out of work due to a lack of motivation or willingness, rather than the impact of their mental health problem and the barriers this leads to.
- The current categorisation of benefit claimants is ineffective and inaccurate
- Claimants are asked to undertake inappropriate activities under inappropriate levels of conditionality
- There is a lack of understanding of mental health problems throughout the benefits system

5. A system based on flawed assumptions

5.1. Conditionality and sanctions underpin current back-to-work support for those in the WRAG. This structure is based on the assumption that people don't want to work and need the threat of having their benefits withdrawn in order to engage in activities.

5.2. However, research shows that people with mental health problems have a high 'want-to-work' rate.² This is reflected in two recent surveys of people with mental health problems currently out of work, which showed that the majority of respondents wanted to be in employment if properly supported.³ A DWP report also supports this.⁴

5.3. For people with mental health problems, it is usually the impact of their condition and a lack of understanding and support from employers that create the biggest barriers to finding or staying in work.⁵ This current level of conditionality has not proved successful in helping to move more people with mental health problems towards work. In essence, it is the wrong diagnosis leading to the wrong treatment. This is evidenced by the poor success rates of back-to-work support for those with mental health problems and the negative impact that sanctions, and the threat of sanctions, are having on people (see Section 9 below).

5.4. Of over almost 150,000 people with mental health problems on ESA who have been placed on the Work Programme, only 5 per cent have been helped into work, compared to the programme's overall success rate of over 24 per cent.⁶ Jobcentre Plus does not record job outcomes for people on ESA for the support it provides but evidence suggests that the

² See: Perkins R, Farmer P, Litchfield P (2009) Realising ambitions: Better employment support for people with a mental health condition and Catherine Hale (2014) Fulfilling potential? ESA and the fate of the Work-related Activity Group

³ - Disability Benefits Consortium (2014) Big Benefits Survey 2014: of 819 people with mental health problems not currently in work, 58 per cent agreed or strongly agreed that they wanted a paid job, with only 20 per cent disagreeing, as they simply did not feel they would be able to work due to their health

- Catherine Hale (2014) Of 191 people with mental health problems currently or recently receiving back-to-work support through the Work Programme or Jobcentre Plus, 61 per cent said they would want to work, with only 9 per cent saying they would not want to (the remainder being unsure)

⁴ As referenced in Perkins R, Farmer P, Litchfield P (2009)

⁵ Perkins R, Farmer P, Litchfield P (2009)

⁶ Statistic calculated from answer to Parliamentary Question 209801, which states 147,790 people with mental or behavioural disorders have been referred to the Work Programme, with 7,550 gaining sustained job outcomes

(<http://www.parliament.uk/business/publications/written-questions-answers-statements/written-question/Commons/2014-09-26/209801/>) (accessed November 2014) and Department for Work and Pensions (2014) DWP Tabulation Tool: Employment and Support Allowance Caseload: IB ICD summary code by Payment Type

support provided is similar in nature to that on offer through the Work Programme, and is leading to similarly poor results.⁷

- 5.5. If support was based around the real reasons why people with mental health problems are struggling to work, rather than assuming a lack of motivation, then it would be more successful at addressing the barriers that people are facing, would cause less distress and anxiety, and would result in more people moving closer to work.

6. Poor categorisation

- 6.1. The current isolated nature of the WCA means it functions as an eligibility test for ESA but not an assessment of what support is needed. People are placed in one of three groups based on the number of points they are allocated in the assessment.
- 6.2. However, there is no evidence to show the points people are scored means they will be assigned to a group with appropriate support and expectations. This is vital considering people may lose their benefit should the expectations placed on them not be appropriate.
- 6.3. The Welfare Reform Act 2012 demonstrates how the groups to which people are assigned and the expectations placed on people within each group are disconnected. The Act increased the range of activities that could be made mandatory for people in the WRAG and the severity of the sanctions for failing to complete these activities.⁸ However, this significant change to what being in the WRAG entails did not lead to a review of the points threshold that decides who should be placed in this group. Referring to *Table 1* it is clear to see that since its introduction, people with mental health problems are more likely to receive a sanction than before.
- 6.4. We believe the process for allocating applicants to different groups and the groups themselves should be redesigned with a focus on these key considerations:
 - Whether they will be able to cope with the expectations that will be placed on them
 - Whether they will receive appropriate support to help them overcome their barriers
 - Whether the support and expectations will be conducive to their health improving

This approach would ensure that applicants are being placed in groups providing support that is more appropriate for them, resulting in fewer sanctions.

7. Lack of specialist support and mandatory inappropriate activity

- 7.1. We believe that it is the inappropriateness of mandated work related activity as well as a lack of specialist support that makes it difficult for people with mental health problems to engage with back-to-work schemes.
- 7.2. Schemes such as the Work Programme were meant to provide specialist support, ensuring appropriate and helpful activities, but this is not happening. The DWP's own evaluation suggests that the Work Programme is not leading to the appropriate specialist support it

⁷ See: Work and Pensions Committee (2014) Employment and Support Allowance and Work Capability Assessments First Report of Session 2014-15 and Catherine Hale (2014)

⁸ Welfare Reform Act 2012

aimed to provide.⁹ Recent research also indicates that the support provided is generic and not tailored to individual needs.¹⁰

7.3. Not only is there a lack of specialist support, but the activities people are asked to do are often inappropriate. Their condition is not properly taken into account and they don't feel involved in shaping these activities. In recent research of people in the WRAG:

- Only 23 per cent of people felt their 'action plan' of support was appropriate for them
- Only 21 per cent felt involved in making the plan and agreeing to the activities
- Only around 30 per cent felt their advisor had adapted activities to take account of their condition and the impact it had on their ability to engage.¹¹

7.4. People with more complex needs are often left 'parked' by providers and therefore do not receive specialist support.¹² This is in part due to insufficient financial incentives to support this group. We want to see sufficient resources directed towards those who need the most intensive support. However, our experience suggests that there are much more fundamental issues to be addressed than simply payment methods, and the system is fundamentally ill-equipped to provide the correct type of support.

8. Lack of understanding of mental health problems

8.1. Mental health problems are complex and may often be 'invisible' to an outside observer. A lack of understanding of mental health in the benefits system is contributing to the high levels of sanctions being applied to people with mental health problems.

8.2. Mental health problems have a wide range of symptoms including:

Low mood	Lack of energy
Difficulty concentrating	Low motivation
Loss of interest in everyday activities	Insomnia
Loss of appetite	Difficulties with social interaction
Irritation and agitation	Fear or panic
Self-doubt, worthlessness and hopelessness	Distress or intense emotionality
Compulsive activities or behaviour	Euphoria, elation or excitability
Intrusive or repetitive thoughts	Disturbed or illogical thought patterns
Paranoia	Suicidal thoughts or thoughts of self-harm
Delusions – beliefs or experiences not in line with accepted reality	Hallucinations – hearing voices, seeing images or experiencing sensations which others do not

8.3. If misunderstood or ignored, some of these symptoms could be interpreted as a lack of willingness to engage. It is also understandable that experiencing these symptoms could lead to someone struggling to attend a meeting or activity, especially if they are not appropriate for the person, or not accompanied with the right support.

8.4. Whilst advisers are supposed to be able to adjust conditionality to be appropriate to the person they are supporting, the rocketing rates of sanctions suggest that this is not

⁹ Department for Work and Pensions (2012) Work Programme evaluation: Findings from the first place of qualitative research on programme delivery

¹⁰ Catherine Hale (2014)

¹¹ Catherine Hale (2014)

¹² Work and Pensions Committee (2013) Can the Work Programme work for all user groups

happening. One reason for this is a lack of knowledge and understanding of mental health conditions amongst advisers. This leads to people being pushed into undertaking activities that are not appropriate for them, and not having the impact of their mental health properly taken into account if they do fail to attend a meeting or activity.

9. Sanctions are detrimental to people's mental health

9.1. Research shows that the vast majority of people (86 per cent) in the WRAG feel anxious about the risk of losing their benefits if they are not able to do the activities asked of them.¹³ This means that people are less able to engage positively with the support they are being directed towards.

9.2. As a result of sanctions, thousands of people with mental health problems are also facing very difficult financial circumstances, which can lead to their condition being exacerbated.¹⁴ Referring again to the symptoms that someone with mental health problems can face, it is clear to see that financial difficulties and debt are in no way helpful to people with mental health problems. In effect, sanctions push people with mental health problems further a position where they could consider moving back into work.

9.3. In fact, because of ineffective and inappropriate support, the threat of sanctions and the failure to address wider support needs, people in the WRAG are actually being pushed further from employment, their mental health is worsening and their confidence is decreasing.¹⁵ Of over 400 people surveyed by Mind with mental health problems were asked about the impact of being on the Work Programme or with JCP:

- 83 per cent said it had made their mental health worse or much worse
- 76 per cent said it had led to them feeling less or much less able to work
- 83 per cent said it had made their self-esteem worse or much worse
- 82 per cent said it had made their confidence worse or much worse¹⁶

9.4. This means that conditionality and sanctions are not only proving ineffective at supporting this group to move towards work – they are often actually having the opposite effect.

9.5. While it's widely accepted people should take responsibility for the benefits they receive, it is also counter-productive for sanctions to be the foundation of the relationship between someone with mental health problems and their advisor. The use of conditionality for this group should be a last resort and only discussed when it seems someone is refusing to engage.

10. Conditionality isn't key

10.1. Mind's new report [We've got work to do](#) provides examples of back-to-work schemes that are not based on conditionality and sanctions but on person-centred and specialist support.¹⁷ The schemes have proven to be much more effective in moving people with

¹³ Catherine Hale (2014)

¹⁴ Mind (2008) In the Red: Debt and mental health

¹⁵ Mind (2014) We've got work to do: Transforming employment and back-to-work support for people with mental health problems; Catherine Hale (2014)

¹⁶ Mind (2014)

¹⁷ Mind (2014)

mental health problems closer to work. One of the key reasons why the schemes are so successful is because of their ability to fully engage and develop a trusting relationship with the client that isn't centred around the threat of sanctions. Rather, sanctions are seen as a last resort of engagement and a sign of failure by the scheme to properly support the client.

11. Multiple Needs

- 11.1. As a member of the Making Every Adult Matter (MEAM) coalition, formed by Mind, Homeless Link, Drugscope and Clinks,¹⁸ we also believe it is important to consider our response not only in isolation, but also in relation to the responses of other members of the coalition. MEAM was formed to influence policy and services for adults facing multiple needs and exclusion.
- 11.2. Many people who are currently sanctioned are those that MEAM represents, people with multiple needs. The MEAM coalition's Voices from the Frontline project has found that 79% of services feel sanctions are affecting over half of their service users with multiple needs. In fact sanctions were viewed as having the most negative impact of all welfare changes on people with multiple needs and the area of greatest concern.¹⁹
- 11.3. This is an issue that is often overlooked and we believe the Government should take steps to ensure more is understood about why people who are "already battling issues beyond most people's imaginations"²⁰ face sanctions.

12. Conclusion

- 12.1. People with mental health problems are facing an increasingly disproportionate level of sanctions, with no evidence that this is proving an effective way of supporting this group back to work. We believe these sanctions are often being applied inappropriately, as a result of setting activities that are not suitable for people and failing to take their mental health into account when deciding if they have 'good cause' for failing to engage. This is having a range of negative impacts: putting people who are sanctioned into difficult financial situations, and increasing anxiety for all claimants which is making people more unwell and less able to work.

13. Recommendations

- The Department for Work and Pensions should urgently investigate why a disproportionate level of ESA sanctions are falling on people with mental health problems. They should also seek to establish the level of sanctions for people with mental health problems on JSA.
- The use of conditionality for people with mental health problems should be a last resort and only discussed when it is clear someone is refusing to engage.
- There needs to be better mental health expertise throughout the whole benefits system.
- The decision around what benefit to direct people to should be based on a reformed WCA process and a consideration of whether:
 - They will be able to cope with the expectations that will be placed on them
 - They will receive appropriate support to help them overcome the barriers they face

¹⁸ For more information please see <http://meam.org.uk/>

¹⁹ Voices from the Frontline (2014) Evidence from the frontline: How policy changes are affecting people experiencing multiple needs

²⁰ Voices from the Frontline (2014)

- The support and expectations will be conducive to their health improving.
- The next Government should take people with mental health problems on ESA out of the Work Programme and Jobcentre Plus and direct them to a new specialist back-to-work scheme. This new specialist scheme should be designed around the following principles:
 - Understanding and trust.
 - Individual ambitions and aspirations.
 - Specialist and person-centred support.
 - Proactive engagement with employers.
 - Continued support in employment.
 - Integration with health and other local services.
 - Focus on health outcomes as well as employment.

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