



DEBATE PACK

Number CDP-0005, 21 January 2019

Mental health and the benefits assessment process

Summary

This House of Commons Library debate pack briefing has been published in advance of a debate entitled “Mental health and the benefits assessment process”. This will be led by Angela Crawley MP and will take place on 22 January 2019 in Westminster Hall, starting at 2.30pm.

This debate pack provides background information as well as parliamentary material, press articles, and further suggested reading which Members may find useful when preparing for this debate.

The House of Commons Library prepares a briefing in hard copy and/or online for most non-legislative debates in the Chamber and Westminster Hall other than half-hour debates. Debate Packs are produced quickly after the announcement of parliamentary business. They are intended to provide a summary or overview of the issue being debated and identify relevant briefings and useful documents, including press and parliamentary material. More detailed briefing can be prepared for Members on request to the Library.

By Steven Kennedy
Roderick McInnes
Andrew Mackley
Alexander Bellis
Susan Brown
Selena Steele

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1. Background

Consistent data on the prevalence of mental health conditions is not available for the UK as a whole¹, but the 2014 [Adult Psychiatric Morbidity Survey](#) in England found that one in six adults (17%) reported having symptoms of a common mental disorder (CMD).² Women were more likely than men to have reported CMD symptoms. One in five women (19%) had reported CMD symptoms, compared with one in eight men (12%). Economically inactive and unemployed people were substantially more likely to have experienced a CMD in the previous week than those in work. 33% of economically inactive people and 29% of unemployed people reported a CMD, compared with 14% of full-time workers.³

1.1 Key statistics

Employment and Support Allowance (ESA) is the main income-replacement benefit for people with health conditions and disability.

At **May 2018**, of the 2.25 million claimants of ESA, **1.15 million (51%)** were recorded as having a **mental or behavioural disorder** as their main disabling condition.

Personal Independence Payment (PIP) helps claimants with the extra costs of disability and has replaced Disability Living Allowance (DLA) for working-age claimants.

As of **October 2018**, of the total 1.99 million claimants of PIP, just over **690,000 (35%)** were recorded as having a **mental or behavioural disorder** as their main disabling condition.

The most common PIP award type for those with a mental or behavioural disorder as their main disabling condition is an enhanced award of both Daily Living and Mobility components (208,000, or 30% of those with such conditions). This percentage is broadly in line with all PIP claimants (31%).

The Department for Work and Pensions does not publish statistics on how many claimants have a mental or behavioural disorder in addition to another condition which is their main disabling condition. Therefore, the total numbers of ESA and PIP claimants with a mental or behavioural disorder will be greater than those above.

¹ For an overview of the available data see Mental Health Foundation, [Fundamental Facts about mental health 2016](#)

² 'Common mental disorders' include different types of depression and anxiety, panic disorder, phobias, and obsessive compulsive disorder.

³ For further information see Commons Library briefing CBP-6988, [Mental health statistics for England: prevalence, services and funding](#), 25 April 2018

2. Dealing with vulnerable claimants

In response to a parliamentary question on whether the Department for Work and Pensions had made any assessment or commissioned any reviews of the effect on people's mental health of participation in the social security system, the Minister for Disabled People, Health and Work, Sarah Newton, said on 26 October 2018:

The Department recognises that many of those claiming benefits are particularly vulnerable and we continue to explore ways to improve the customer journey, especially for those with mental health conditions, and have safeguards in place to ensure that people are supported throughout the process.⁴

The Department for Work and Pensions states that it provides “substantial and specific instructions to staff on how to support vulnerable people throughout their benefit journey.”⁵ All DWP staff undertaking “customer-facing” roles undergo a programme of learning and development to equip them to support vulnerable people to access its services.⁶ A “six point plan” sets out a framework for what staff should do when dealing with members of the public who declare an intent to kill or harm themselves. The Department has also established a “Vulnerability Hub” which provides help and advice to staff when dealing with vulnerable people. It signposts them to a range of resources about specific conditions or circumstances which may increase someone’s vulnerability and risk of suicide and/or self-harm.

Information on the DWP’s approach – including its latest [Suicide and Self-Harm Guidance](#), its [Six Point Plan Framework](#), and [Outline Local Six Point Plan for Handling Customers Declarations of Intention to Attempt Suicide or Self Harm](#) – were released in November 2017 in response to a Freedom of Information request.⁷ A PQ response in March 2018 said that a further regular review of the guidance was underway, and that any changes identified as a result would be implemented later in the year.⁸

In addition, the DWP has “safeguarding” procedures to be followed in situations where a claimant deemed to be vulnerable fails to comply with a requirement and, as a result, their benefit payments are at risk. This could include, for example, where a claimant fails to attend a mandatory interview, fails to return a questionnaire or attend an assessment, or fails to undertake a mandatory activity. Home visits are a key element of the safeguards (DWP refers to these as “core visits”) – where staff make attempts to contact the person before a decision is made to impose a sanction or terminate a claim.

⁴ [PO 182841 \[on Social Security Benefits: Mental Health\]](#), 26 October 2018

⁵ DWP, [Peer reviews of handling of benefit claims](#), 12 May 2016

⁶ [PO 53958 \[on Department for Work and Pensions: Staff\]](#), 24 November 2016

⁷ [DWP ref: FoI 4521 – available at the *whatdotheyknow.com* website](#)

⁸ [PQ 130153 \[on Jobcentre Plus: Training\]](#), 7 March 2018

In a PQ response 2016, DWP said that it had no intention to publish the internal guidance on safeguards “as it is for Departmental use only.”⁹ The Royal Greenwich Welfare Rights Service has produced a detailed [Benefit Safeguards Briefing](#)¹⁰ drawing on Freedom of Information responses and other sources, which covers DWP safeguarding procedures in relation to Employment and Support Allowance and Universal Credit. The authors caution, however, that the information given may not always reflect the latest position as information released by DWP in response to FoI requests changes regularly.

⁹ See [POs 42575 \[on Personal Independence Payment: Mental Illness\]](#), [42576 \[on Jobseeker’s Allowance: Mental Illness\]](#), [42577 \[on Employment and Support Allowance: Mental Illness\]](#), and [42578 \[on Universal Credit: Mental Illness\]](#), 21 July 2016

¹⁰ Available on the *Rightsnet website*, last updated October 2017

3. ESA and PIP assessments

The DWP uses third-party contractors to provide health and disability assessments to inform decisions about benefits.

The Health Assessment Advisory Service is delivered on behalf of DWP by the Centre for Health and Disability Assessments, a wholly-owned subsidiary of **Maximus**. Maximus has since 1 March 2015 held the main medical services contract under which assessments are carried out for various benefits including Employment and Support Allowance and Universal Credit.

Personal Independence Payment assessments are carried out under separate contracts. **Atos Healthcare** (operating as Independent Assessment Services) holds the contracts for undertaking PIP assessments in Northern England and Scotland, and London and Southern England. **Capita Business Services** Ltd holds the contracts covering Wales and Central England, and Northern Ireland.

3.1 Work Capability Assessments for ESA and Universal Credit

Unless they are terminally-ill – in which case their claim may be fast-tracked – claimants are sent a capability for work questionnaire by the Health Assessment Advisory Service. The questionnaire asks about the claimant's disabilities and health conditions, and how they affect what they can do. The completed form must be returned within a specified time.

The returned questionnaire is considered by a Healthcare Professional (HCP) employed by Maximus. The HCP can decide at this stage that they have enough information to recommend an award benefit, but most claimants will be asked to attend a face to face meeting. Failure to attend may result in the person being deemed "Fit for Work." Maximus may agree to an assessment in the claimant's home, if they can't travel to an assessment centre because of their medical condition.

The Maximus HCP produces a report for the DWP recommending whether the claimant meets the conditions for limited capability for work/work related activity. The decision on whether to award benefit and/or which group the claimant should be placed in is however made by a DWP Decision Maker. The Decision Maker should consider all the available evidence, including the questionnaire, any accompanying evidence provided by the claimant, and any additional evidence provided by their doctor, in addition to the HCP's report. The Decision Maker doesn't have to follow the HCP's recommendation.

WCA criteria

The Work Capability Assessment doesn't focus on the individual's health condition, but instead on how it affects their ability to undertake a range of activities related to physical, mental, cognitive and intellectual functions. The WCA determines whether a claimant has "limited

capability for work" and, if so, whether they also have "limited capability for work related-activity." The specific tests are set out in regulations. DWP also produces a [WCA Handbook for Healthcare Professionals](#), and a shorter [Guide to the WCA](#) for claimants. There is also further information on the [assessment process](#) at the Health Assessment Advisory Assessment website.

To WCA aims to determine the extent to which the individual can undertake various activities. The activities for the physical assessment cover things such as getting around unaided, standing and sitting, reaching, manual dexterity, making yourself understood, understanding communication, continence, and consciousness. The activities relevant to the mental, cognitive and intellectual function assessment include things such as learning tasks, awareness of everyday hazards, coping with change, coping with social engagement, and appropriateness of behaviour with other people.

For each activity (there are 17 in total) there is a list of "descriptors" which describe the extent to which the person can undertake the activity, each with an associated points score (ranging from 0 to 15, where 15 reflects the greatest difficulty). The highest scoring descriptor which applies to the individual determines how many points they score for that activity.

A person with a top score of 15 in any one activity automatically meets the threshold for "limited capability for work." People scoring less than 15 in any activity can add up the score they have for other activities (physical, or mental, cognitive and intellectual) to reach the threshold of 15 points needed to pass the test. If claimants cannot carry out the activity reliably, repeated and safely, they are awarded the appropriate points.

Where a person meets the threshold for "limited capability for work", the assessment looks at whether the person's functional capabilities are so limited that they should not be expected to undertake "work-related activity." Again, this is done by looking at the individual's ability to undertake different activities (16 in total). A person scoring under **any** of the activities automatically meets the criteria for "limited capability for work-related activity."

"Substantial risk"

There are also provisions under which people not scoring sufficient points can nevertheless be treated as having a limited capability for work, or for work-related activity, as appropriate, if "**exceptional circumstances**" apply. This includes where the person has a severe uncontrolled or uncontrollable life-threatening disease which cannot be controlled by a therapeutic procedure, or where there would be a "**substantial risk**" to the mental or physical health of any person were they found not to have limited capability for work or limited capability for work-related activity.

The rules on “substantial risk” in relation to mental health are set out in Appendix 6 of the CDHA’s [Revised WCA Handbook](#).¹¹ Revised guidance on substantial risk was issued by DWP in 2015 and implemented in early 2016. The Revised WCA Handbook states:

- The main change is that the focus on suicide has been reduced and the question of substantial risk placed in the context of work-related activity (WRA). The Department’s approach is that tailored WRA may be appropriate for most people with mental health conditions, including for people with suicidal thoughts.¹²

A Rethinking Incapacity blog of 21 September 2016 by Ben Baumberg Geiger, [The return of the stricter WCA?](#) considers the implications of the changes.

Controversies

The WCA is based on the principle that a health condition or disability should not automatically be regarded as a barrier to work and work itself can have benefits. It has been controversial from the outset.

Welfare rights and disability organisations have voiced concerns about aspects of the test and about the way it has been applied. There has been particular concern about how the test takes account of mental health problems and fluctuating conditions, and about the conduct of face to face assessments.

Changes have been made to the WCA following internal reviews, and the Government has also accepted most of the recommendations made by the five annual independent reviews (the first three by Professor Malcolm Harrington, and the last two by Dr Paul Litchfield). However, despite changes made to the WCA since its introduction, it still attracts strong criticism. Problems highlighted by disability and welfare rights organisations include, amongst other things:

- The number of claimants with serious health conditions or disabilities who are found ‘fit for work’ or placed in the wrong ESA group, due to deficiencies with the WCA descriptors or in the assessment process.
- The difficulties faced by certain groups, and in particular people with mental health conditions or learning disabilities, in navigating the WCA process.
- The lack of information about outcomes for individuals following fit for work determinations, and concerns about the risk of poverty and destitution as a result of incorrect decisions.
- The relatively high success rate for appeals against ESA decisions (72% of ESA appeals cleared between July and September 2018 resulted in the original decision being overturned in the claimant’s favour¹³).
- Difficulties experienced by claimants seeking to challenge fit for work decisions, including the fact that ESA is not payable pending a ‘Mandatory Reconsideration’ of the decision by the DWP,

¹¹ Last updated 12 June 2018

¹² *Ibid.*, para. 3.8.2.1

¹³ HM Courts and Tribunals service, [Tribunals and Gender Recognition Statistics Quarterly](#), July to September 2018 (Provisional), 13 December 2018

meaning that the only option in the meantime is to claim Jobseeker's Allowance (or Universal Credit), potentially exposing the individual to inappropriate conditionality.

- The impact of assessments, frequent reassessments, and poor decision making on the physical and mental health of claimants.

In its July 2014 report on [Employment and Support Allowance and Work Capability Assessments](#), the Work and Pensions Committee concluded:

- ESA was not working as well as it should, particularly in terms of achieving the intended employment objectives for claimants.
- Outcome groups were too simplistic, with the WRAG becoming a catch-all group for those who failed to meet the conditions for the Support Group, but were not seen as fit for work.
- The focus on returning to work within a relatively short period of time was not appropriate for many of these claimants.
- The WCA failed to provide an accurate assessment of a claimant's individual health-related employment barriers, or their distance from the labour market.

The Committee recommended a fundamental redesign of the ESA process, including a reassessment of the application and effectiveness of the WCA descriptors to make them more responsive, particularly for claimants with progressive and fluctuating conditions, and those with mental, cognitive and behavioural difficulties. It also recommended that DWP should reintroduce an assessment of health-related employment barriers into the redesigned ESA process.

In its [response to the Committee](#) in November 2014, the Coalition Government said that while it recognised that there was scope for improvements to the WCA and accompanying processes, in light of the reviews already taken and changes already agreed, it did not agree that the WCA was a, "flawed mechanism" for assessing a person's functional capacity.

However, in a [speech given on 24 August 2015, the then Secretary of State for Work and Pensions, Iain Duncan Smith](#) signalled possible future reforms to both ESA and the Work Capability Assessment, suggesting that the WCA should be reformed to focus "on what a claimant can do and the support they'll need - and not just on what they can't do." No specific proposals were put forward.

In October 2016 the DWP and the Department of Health [Improving Lives: The Work, Health and Disability Green Paper](#).¹⁴ Chapter 3 covered assessments for benefits for people with health conditions. No proposals were put forward to reform the basic structure of the Work Capability Assessment itself, but the Green Paper sought views on proposals for separating the assessment for the financial support an individual receives from the discussion a claimant has about employment and health support. It also sought views on how DWP might "share information more effectively across health and welfare systems" in order to streamline the assessment process, on stopping

¹⁴ Cm 9342

reassessments for people with severe and lifelong conditions, and on sharing information between ESA and PIP assessments.

The Government's response in light of the subsequent public consultation ([Cm 9526](#)) was published on 30 November 2017. It noted that responses to the consultation "gave multiple and differing views on what the WCA should look like in the future".¹⁵ No commitment was given to fundamental reform of the WCA; the Government would instead "focus on building our evidence base so that we get it right".¹⁶ The following extract from Annex B summarises how the Department proposed to take this forward:

Although many consultation responses welcomed our overall aim to personalise our employment support offer for individuals, some concerns were raised. We recognise the importance of getting any further reform in this area right, and therefore intend to focus on testing new approaches to build our evidence base for future reform. This includes the activity set out to:

- Improve information sharing;
- Continuously improve the assessment process; and
- Improve our personalised employment support offer.

To support this activity, working with our WCA provider, we plan to test different approaches as to how we deliver assessments over the next two years. We will work with external stakeholders to help inform future changes.

3.2 PIP assessments

Personal Independence Payment (PIP) is replacing Disability Living Allowance (DLA) for people of working age. Like DLA, PIP is non-means-tested and is intended to help with the extra costs arising from ill health or disability. It has two components: a mobility component, based on an individual's ability to get around; and a "daily living" component, based on ability to carry out various day to day activities. Each component has two rates.

PIP was introduced for new claims from April 2013, and DWP is reassessing all existing working age DLA claimants for the benefit. Young people in receipt of DLA are also reassessed for PIP when they reach 16.

The PIP assessment is intended to provide "a more holistic assessment of the impact of a health condition on an individual's ability to participate in everyday life." It covers sensory impairments, developmental needs, cognitive impairments and mental conditions, as well as physical disabilities. PIP was intended to target support more closely on those most in need and significantly fewer people were expected to qualify for PIP than would have qualified for DLA, but the Office for Budget Responsibility has shown that PIP will not in fact deliver savings relative to DLA. In its latest January 2019 [Welfare trends report](#), the OBR observes that while the Coalition Government assumed

¹⁵ para 68

¹⁶ *Ibid.*

initially that PIP would ultimately cost 20% less than DLA would have done, by 2017-18 it was in fact costing around 15-20% more, with rollout only around two-thirds complete.

DLA reassessments

Since the introduction of PIP there have been over 1.2 million reassessments of working-age DLA claimants to determine their entitlement to PIP (up to and including October 2018). Of these, 25 per cent (just over 300,000) were disallowed. The majority of these disallowances (21 percentage points) took place after the claimant had been referred to an assessment provider for medical assessment, and the remainder (4 percentage points) were disallowed before referral to the assessment provider.

Claimants whose main disabling conditions were **psychiatric disorders** accounted for **36 per cent of DLA reassessments** (445,000) but around **50 per cent of disallowances** (153,000). The overall disallowance rate for claimants with psychiatric disorders was around 34 per cent.¹⁷

Of the nine main disabling conditions that had an overall disallowance rate of over a third, five were psychiatric disorders:

- Hyperkinetic syndrome 51% disallowed
- Behavioural disorder 40% disallowed
- Psychoneurosis 39% disallowed
- Personality Disorder 38% disallowed
- Psychosis 36% disallowed.

The table below shows the percentage of DLA reassessments for key disabling conditions that were disallowed (pre or post referral to the assessment provider), or which were allowed with an unchanged, increased or decreased award.

¹⁷ [DWP Personal Independence Payment: April 2013 to October 2018. PIP: DLA to PIP reassessment outcomes, October 2018](#) table 1D, and HoC Library calculations based on this.

DLA to PIP reassessment outcomes by main disabling condition, 2013 to October 2018										
Great Britain		Awarded:			Disallowed:			Total number of reassessed cases	of which: disallowed (pre or post referral to AP)	Disallowance rate (post or pre referral to AP)
Main Disabling Condition	Disability Category	Award Increased	Award Unchanged	Award Decreased	Post referral to AP	Pre referral to AP	Withdrawn			
Conditions with disallowance rates over a third										
Hyperkinetic Syndrome	Psychiatric disorders	29%	6%	13%	42%	9%	1%	11,740	5,990	51%
Epilepsy	Neurological disease	28%	8%	17%	41%	5%	0%	37,600	17,300	46%
Behavioral Disorder	Psychiatric disorders	40%	9%	10%	33%	7%	1%	8,370	3,350	40%
Psychoneurosis	Psychiatric disorders	42%	6%	13%	34%	5%	1%	105,150	41,010	39%
Personality Disorder	Psychiatric disorders	30%	8%	24%	32%	6%	1%	14,020	5,330	38%
Haemophilia	Haematological Disease	19%	13%	30%	31%	6%	-	450	170	37%
Psychosis	Psychiatric disorders	35%	6%	21%	31%	5%	1%	159,780	57,520	36%
AIDS	Infectious disease	16%	15%	32%	30%	6%	1%	2,990	1,080	36%
Other major conditions										
Learning Difficulties	Psychiatric disorders	55%	12%	4%	22%	5%	0%	131,860	35,600	27%
Disease Of The Muscles, Bones or Joints	Musculoskeletal (general)	40%	14%	24%	18%	4%	1%	68,070	14,980	22%
Neurological Diseases	Neurological disease	36%	27%	19%	14%	3%	1%	52,520	8,930	17%
Arthritis	Musculoskeletal (general)	37%	12%	36%	13%	2%	1%	159,560	23,930	15%
Back Pain - Other / Precise Diagnosis not Specified	Musculoskeletal (regional)	35%	13%	37%	12%	3%	1%	79,700	11,960	15%
Total: all conditions		39%	14%	22%	21%	4%	1%	1,227,460	306,870	25%
Source: DWP PIP: DLA to PIP reassessment outcomes, October 2018, table 1D; HoC Library calculations										
Note: AP = Assessment provider. // Figures rounded to nearest ten or nearest percentage point. Components may not sum to totals due to rounding.										

PIP mobility component and psychological distress

In March 2017 the DWP introduced regulations to reverse the effect of two Upper Tribunal judgments relating to the PIP eligibility criteria – for background to these changes see Commons Library briefing CBP-7911, [Changes to the Personal Independence Payment eligibility criteria](#). The most significant change made by the regulations was to tighten the rules on access to the mobility component for people unable to undertake journeys due to “overwhelming psychological distress.” This would potentially affect people with a wide range of conditions including learning disability. Disability organisations called on the Government not to proceed with the changes. Some questioned how the changes fit with the Government’s stated commitment to “parity of esteem” between physical and mental health issues.

In its judgment on 21 December 2017 in *RF v the Secretary of State for Work and Pensions & Others*,¹⁸ the High Court ruled that the regulations introducing the March 2017 changes were unlawful because they discriminate against people with disabilities in breach of *Human Rights Act 1998* obligations, and declared that the Secretary of State did not have lawful power to make the regulations (i.e. they were “ultra vires”) and should have consulted before making them.

On Friday 19 January 2018 the Government announced¹⁹ that it would not contest the High Court’s decision, and that it would also drop its appeal against the original Upper Tribunal decision that had prompted the change to the regulations.²⁰ The Secretary of State for Work and Pensions said that her Department would now “take all steps necessary

¹⁸ [\[2017\] EWHC 3375 \(Admin\)](#)

¹⁹ [Written Statement HCWS414](#)

²⁰ [MH v Secretary of State for Work and Pensions \[2016\] UKUT 0531 \(AAC\)](#)

to implement the judgment in MH in the best interests of our claimants, working closely with disabled people and key stakeholders over the coming months.”

The DWP is reviewing all 1.6 million existing PIP awards, and PIP claims submitted since the original Upper Tribunal judgment in November 2016, to see who could be affected. On 25 June 2018 the Government announced that the review was underway and that new guidance required to implement the change had been published.²¹ Further details of the review process are given in a Deposited Paper.²²

It is expected that the review will result in around 25,000 claimants by 2022-23 receiving a PIP award who would not have done so otherwise and around 165,000 receiving a higher award than would otherwise have been the case.²³

Disability benefits and assessments in Scotland

The [Scotland Act 2016](#) gives the Scottish Parliament powers over certain categories of benefits. These include Disability Living Allowance and Personal Independence Payment. The Scottish Parliament will have the power to determine the structure and value of these benefits, or replace the existing benefits with new benefits.

In relation to disability assistance, the Scottish Government is developing its plans, but it has said that:

- It intends to make the assessment processes “fairer, focusing on standards and quality rather than case volumes” and, a first step in achieving this, profit-making companies will not be involved in carrying out assessments;
- It aims to reduce the number of face to face assessments and reassessments by exploring the potential for making better use of existing information held within the health and social care sector and by other public bodies;
- Automatic awards will be available in certain circumstances;
- Longer term or lifetime awards will be available for people whose condition is unlikely to improve; and

Another person will be able to apply on a claimant’s behalf when the claimant requests this to happen.²⁴

²¹ [Written Statement HCWS793](#)

²² DWP, [PIP: Implementation of legal judgments: FAQs](#), DEP2018-0644

²³ Office for Budget Responsibility, [Economic and fiscal outlook](#), March 2018, para 4.112

²⁴ See Scottish Government, [Disability and employment injury assistance: position paper](#), 27 October 2017; [Right to advocacy extended](#), 19 April 2018

4. Assessing people with mental health conditions

In a PQ response on what adjustments are made to ensure that people with a history of suicide, self-harm or other mental health conditions are treated with appropriate care and caution during benefits assessments, the then Minister for Disabled People, Penny Mordaunt, said on 27 June 2017:

If an individual has a mental health condition or there is any indication that a claimant has suicidal thoughts or intentions, assessors are trained to explore the person's circumstances carefully. Assessors approach this issue with sensitivity and ask questions in a structured way that is appropriate to the individual, based on their knowledge of the claimant's clinical history and their judgement on the claimant's current mental state

If the assessor has concerns that a claimant is at substantial and imminent risk with regard to self-harm or suicide, they have a professional responsibility to act quickly in order to safeguard the claimant's welfare; this might include speaking to the claimant's GP, and/or calling an ambulance.

Companions are encouraged to accompany the claimant to a face to face consultation and can play an active role. This is helpful for claimants with mental, cognitive or intellectual impairments, who cannot provide an accurate account of their condition due to a lack of understanding, or unrealistic expectations of their ability.²⁵

In response to a further PQ on what assessment had been made of the effectiveness of ESA and PIP assessments in dealing with issues experienced by those suffering from mental illnesses, Penny Mordaunt said in a written answer on 16 October 2017:

People claiming Employment and Support Allowance (ESA) will attend the Work Capability Assessment (WCA) to assess how their condition(s) affect their functional capability.

Since ESA was introduced, we have made a number of changes to improve the assessment process for people with mental health conditions. We took forward a number of recommendations from Professor Harrington and Dr Litchfield who independently reviewed the WCA, including redesigning the ESA50 claimant questionnaire to make it clear that evidence from healthcare professionals and advocates is particularly valuable in mental health cases. More information regarding these independent reviews can be found at:

<https://www.gov.uk/government/publications/work-capability-assessment-independent-review-year-1>

The Personal Independence Payment (PIP) assessment has been designed to reflect a modern understanding of disability, treating all conditions fairly and focussed on people who need it most. PIP also ensures parity between mental and physical conditions. It achieves this by looking at the overall needs of an individual, not which conditions they have. As a consequence of the introduction of PIP there are more people with mental health conditions

²⁵ [PQ 193 \[on Social Security Benefits: Mental Illness\]](#), 27 June 2017

receiving the higher rates of both PIP components than the DLA equivalents.

We constantly look to review and improve the experience of claiming PIP and committed to two, statutory independent reviews as part of the Welfare Reform Act 2012. The latest of these reviews, led by Paul Gray, was published on 30 March 2017: <https://www.gov.uk/government/publications/personal-independence-payment-pip-assessment-second-independent-review>

We are currently considering the review's findings and plan to respond later this year.²⁶

Mental health charities and other bodies have however presented evidence suggesting that assessments are not working well for some people with mental health conditions.

²⁶ [PQ 106329 \[on Social Security Benefits: Mental Illness\]](#), 16 October 2017

5. Rethink Mental Illness report

In December 2017 Rethink Mental Illness published a report, [‘It’s broken her’: Assessments for disability benefits and mental health](#). Drawing on findings from a series of interviews and a focus group-style discussion with people with personal experience of the Work Capability Assessment and of mental illness which took place in January 2017, and an online survey conducted in April 2017 which had over 650 respondents, the report found that assessments can be “traumatising and anxiety-inducing” for the following reasons:²⁷

- “Numerous issues” with the paper forms that claimants must submit, including their complexity, length and the inflexible nature of the questions they ask;
- The requirement for claimants to collect their own medical evidence is “extremely burdensome, often expensive, and time-consuming”;
- Staff who perform face-to-face assessments frequently have a poor understanding of mental illnesses; and
- Delays in Mandatory Reconsideration and appeals mean that claimants may have to wait many months for the correct result.

The Rethink report concluded that the current PIP and ESA assessment procedures “inherently discriminate against people with mental illnesses.” It set out a number of policy recommendations to “dramatically improve the benefits system for people with mental illnesses” including:

- Major reform of the PIP and ESA assessments to reduce the distress caused to people affected by mental illness and better reflect the realities of living with mental health conditions’
- Exempt claimants from face-to-face assessments where clear medical evidence exists that they have severe forms of mental illness, and where assessments are necessary claimants should be encouraged to seek support from carers, friends or family members; and
- All assessors and DWP decision makers should be appropriately trained in mental health.

²⁷ Rethink Mental Illness, [‘It’s broken her’: Assessments for disability benefits and mental health](#), December 2017, p7

6. Work and Pensions Committee inquiry

In September 2017 the Work and Pensions Committee launched an inquiry examining the effectiveness of assessment processes used to determine eligibility for PIP and ESA.²⁸ On 27 November 2017 *The Guardian* reported that the Committee had been “deluged by people sharing stories about being denied disability benefits or battles to keep their entitlements.”²⁹ It quoted the Committee’s Chair, Frank Field MP, as saying that while about 100 letters had been expected, the Committee had received over 3,000 to date, with more than 100 people reporting that they or someone they cared for had felt that their suicidal feelings had worsened or been triggered by the assessment process. Common themes emerging from the complaints from claimants included:

- People being asked “medically inappropriate questions”;
- A mismatch between what the claimants had told assessors about their conditions and what the written reports said about them; and
- Assessors overlooking disabilities or illnesses that are not immediately visible.

Other observations, comments and criticisms made in evidence received from organisations concerned with mental health include:

- The current activities and descriptors used in the assessments for ESA, and particularly for PIP, are not fit for purposes, being weighted towards physical health conditions and disabilities and discrimination against those with mental health conditions;
- The structure and content of ESA and PIP assessments (both written and face to face) are not designed in a way that allows claimants affected by mental health problems to accurately express the impact their condition has on them;
- Neither assessment appropriately captures fluctuations in conditions;
- Claimants regularly report that their concerns are not taken seriously by assessors and that their statements are routinely ignored;
- Assessors often do not have the necessary knowledge or expertise to assess the impact of mental health problems;
- The nature of face to face assessments leading claimants to break down due to the distress it causes them, only for the written report to state that the claimant coped well;
- People finding the whole claims, assessment and appeals process confusing and threatening, with detrimental effects in their mental health;

²⁸ See: [‘PIP and ESA Assessments inquiry’](#), Work and Pensions Committee website (accessed 3 January 2018)

²⁹ [‘Inquiry into disability benefits ‘deluged’ by tales of despair’](#), *The Guardian*, 27 November 2017

- Instances where the assessment process has led to people being hospitalised, have their medication increased, or attempt to take their own lives;
- Dissatisfaction with the “Mandatory Reconsideration” process for challenging decisions, which many claimants viewed as a tool to dissuade people going to appeal;
- Claimants or those supporting them are not taking their claim to appeal because of the distress the process had caused them up to that point, and/or being overwhelmed at the thought of going through the appeals process;
- Although some people expressed dissatisfaction with the appeals process, the most common view was that the appeals stage was the first time when the full range of information presented as part of the assessment process had been properly considered.
- Appeals Tribunals expressing surprise at the high levels of disabilities among people with mental health conditions who had been initially assessed as not eligible for PIP.³⁰

The Committee also heard evidence from PIP and ESA claimants, and from frontline advisers, at an [evidence session on 22 November 2017](#). A [further session took place on 6 December](#), where the Committee heard evidence from representatives from Atos, Capita and Maximus. Mental health and disability groups [gave evidence to the Committee on 11 December](#).

The [Work and Pensions Committee’s report – together with a separate report detailing claimant experiences of PIP and ESA assessments](#) – was published in February 2018.³¹ The Committee said that failings in the assessment and decision making processes for PIP and for ESA had resulted in the “pervasive lack of trust” that risked undermining the entire operation of both benefits. It set out a series of recommendations including:

- recording face to face assessments and providing a record and a copy of the assessor's report to claimants;
- measures to improve understanding about what constitutes good evidence to support PIP and ESA claim, and ensuring assessors use evidence effectively;
- improving the accessibility of the process at every stage, from the application form, to information about home visits and about accessing reconsiderations and appeals; and
- improving contractor performance through more effective use of contractual “levers” and ensuring assessors are given feedback, including from the appeals process.

³⁰ [PIP and ESA Assessments inquiry](#), Work and Pensions Committee website. See the written submissions from [Mind and the Scottish Association for Mental Health](#) (PEA0421); [Rethink Mental Illness](#) (PEA0405); [British Psychological Society and the British Association of Behavioural and Cognitive Psychotherapies](#) (PEA0379); [Royal College of Psychiatrists](#) (PEA0389); and [South London and Maudsley NHS Foundation Trust](#) (PEA0409)

³¹ Work and Pensions Committee, [PIP and ESA assessments](#), HC 829 2017-19, 14 February 2018; Work and Pensions Committee, [PIP and ESA assessments: claimant experiences](#), HC 355 2017-19, 9 February 2018

The Committee did not make any specific recommendations regarding the assessment of people with mental health conditions, but in light of evidence received from claimants and from organisations it said that the Department for Work and Pensions should demonstrate that it was “alert to the risk to mental health posed by parts of the application processes and seek to offset this.” Accordingly, it recommended that:

...the Department commission and publish independent research on the impact of application and assessment for PIP and ESA on claimant health. This should focus initially on improvements to the application forms, identifying how they can be made more claimant-friendly and less distressing for claimants to fill in.³²

In its [response published on 18 April 2018](#), the Government said that it would commission research from external contractors to cover whether any aspects of ESA and PIP claim forms have the potential to cause distress, to identify what changes should be made, and to test the revised forms with applicants. This work would commence in summer 2018 and a report would be published in 2019.³³

Other commitments made by the Government in response to the Work and Pensions Committee’s report included:

- Producing an Easy Read version of the notes which accompany the PIP “How your disability affects you” form.
- Launching a series of videos which outline the PIP claim process in a simple and clear way, and explain the types of relevant information that are useful in support of a claim, in order to better prepare claimants for an assessment. The PIP assessment providers also supply information to claimants ahead of their assessment appointment via their websites and direct mail sent to the claimant.
- Working closely with the PIP assessment providers around requests for home visits to ensure their processes align with guidance and claimant needs are being met.
- Working with PIP providers to enhance GP engagement – all providers to foster a greater level of engagement and source information from a broader range of health and social care professionals.
- Pilot enhancements to the PIP telephony script to remind claimants to submit medical evidence and the types of evidence that are useful.
- The Department recognises that the complexity and potential costs of recording makes it difficult for claimants—of PIP especially—to record their assessment. It intends “to make recording the PIP assessment a standard part of the process”. The Department would explore “potential options to test the recording of assessments, including video recording.”
- Gathering more information on companions accompanying claimants to PIP assessments. In recognition of the fact that a family member, friend, carer or other advocate to support claimants in the assessment, and can be “particularly helpful

³² Word and Pensions Committee, [PIP and ESA assessments](#), HC 829 2017-19, 14 February 2018, para 21

³³ DWP, [PIP and ESA assessments: Government Response to the Committee’s Seventh Report of 2017–19](#), HC 986 2017-18

where a claimant has a mental, cognitive or intellectual impairment and may not be able to give an accurate account of their daily living and mobility needs.” DWP will consider how assessments where companions attend with claimants can be specifically examined in audit.

In a written statement on 5 June 2018, the Government announced further measures to “improve the experience” of those claiming PIP, including looking at how to enable more providers to deliver PIP by developing a DWP-owned IT system.³⁴

³⁴ [Written Statement HCWS733](#)

7. ESA and PIP reassessments

In September 2017, the Department for Work and Pensions announced new rules for "switching off" reassessments for ESA claimants who have a severe, lifelong disability, illness or health condition, and are unlikely to ever be able to move into work.³⁵ The Department is also introducing revised guidance to provide that PIP claimants awarded the highest level of benefit and whose needs are not expected to improve will receive "ongoing" awards with a "light touch review" every 10 years. Further information can be found in Commons Library briefing CBP-7820, [ESA and PIP reassessments](#), 13 July 2018.³⁶ A written answer on 20 December 2018 stated that in relation to PIP, the light touch review process and guidance itself had not yet been developed, and that DWP intended to consult with stakeholders as part of that process.³⁷

It is not clear how many people with mental health conditions might meet the criteria for switching off ESA reassessments and/or ongoing PIP awards. When the ESA Severe Conditions Guidance was published, Mind commented:

Implemented properly this guidance could remove unnecessary burdens for some people with long-term mental health conditions receiving ESA. However it does not address the wider issues of the unnecessary anxiety and stress that repeat assessments cause many people with mental health problems who do not have conditions which could be considered 'lifelong', but who clearly qualify for a long-term award of PIP or ESA.

It's also concerning that the significant number of people who are deemed to have Limited Capability for Work-Related Activity on the grounds that it would be a risk to their health won't be eligible for an exemption. While many people in this group will have conditions which can improve, it's very likely that if going to a Jobcentre will risk their mental health then going to frequent face-to-face assessments will as well. This underlines the need for the Department for Work and Pensions to do more to prevent unnecessary reassessments across the board, and not only through its severe conditions guidance.³⁸

³⁵ See Disability Rights UK, [Guidance on Work Capability Assessment reassessment published](#), 6 October 2017

³⁶ See also [Personal Independence Payment: Written Statement HCWS1224](#), 20 December 2018

³⁷ [Written Statement HCWS1224](#)

³⁸ Mind, [Mental health problems and benefits reassessments](#), October 2017

8. News articles

[Disability benefits reform increased costs to government](#), Financial Times, 15 January 2019

[Government has chance to 'avert catastrophe' on Universal Credit says Mind](#), Politics Home, 11 January 2019

[Public support grows for overhaul of controversial disability benefit changes](#), Belfast Telegraph, 1 December 2018

[Universal credit claimants driven to consider suicide over stress caused by welfare reform, report finds](#), Independent, 16 November 2018

[Exclusive: universal credit linked to suicide risk, says study](#), Guardian, 15 November 2018

[Veterans 'facing unnecessary benefits assessments'](#), BBC News, 28 October 2018

[Benefits assessment centre closed due to protest](#), Belfast Telegraph, 24 October 2018

[PIP assessment left institutional abuse victim Kate Walmsley feeling like she was "begging to stay alive"](#), Belfast Live, 20 October 2018

[What the Tories say about suicide is bad, but what they have failed to do is much worse](#), New Statesman, 11 October 2018

[Theresa May told to scrap 'appalling' fit-to-work assessments as nearly 50% of female claimants attempted suicide](#), Independent, 10 October 2018

[John McDonnell Attacks 'Horrendous' Tory Disability Cuts And Vows To Tackle Suicides Linked To Welfare Reforms](#), Huffington Post, 6 September 2018

[Mentally unwell woman has disability benefits stopped because assessor failed to turn up to home visit](#), Independent, 7 April 2018

[PIP assessors branded 'incompetent' at best and 'actively deceitful' at worst](#), Homecare.co.uk, 14 February 2018

[Government spending on private firms carrying out 'brutal' disability benefit assessments soared by £40m in a year](#), Independent, 5 February 2018

[Benefit assessment report welcomed, but concern over 'preventable harm' failings](#), Disability News Service, 5 February 2018

['I have lost hope': the people with mental health problems who are being stripped of their benefits](#), Guardian, 1 November 2017

9. Parliamentary material

9.1 Debates

[Disability Support](#), HC deb 19 December 2018, volume 651, cc.907-947

[Benefits: Reductions](#), HL deb 01 November 2018, volume 793, cc1487-1525

[Universal Credit](#), HC deb 17 October 2018, volume 647, cc.648-723

- A debate on a motion “That an humble Address be presented to Her Majesty, That she will be graciously pleased to give directions that the following papers be laid before Parliament: any briefing papers or analysis provided to the Secretary of State for Work and Pensions since 8 January 2018 on the impact of the roll-out of universal credit on recipients’ and household income and on benefits debts.”

[Personal Independence Payments](#), HC deb 31 January 2018, volume 635, cc341WH-367WH

- A debate on a motion “That this House has considered the claimant experience of the personal independence payment process.”

[Work Capability Assessments](#), HC deb 13 December 2017 volume 633, cc.163WH -188WH

9.2 Urgent questions

[Personal Independence Payment](#), HC deb 23 January 2018, volume 635, cc135-148

9.3 Parliamentary documents

[Deposited Paper DEP2017-0837](#), 21 Dec 2017

Letter dated 21/12/2017 from Sarah Newton MP to David Linden MP and others regarding issues raised during the debate on the Work Capability Assessment debate. It touches on support for those with mental health conditions.

[PIP Assessment Criteria and Process](#), [petition presented by Martyn Day, Official Report, 24 October 2017; Vol. 630, c. 270.]

The petition of the residents of Linlithgow and Falkirk East,

Declares that the petitioners believe that Personal Independent Payment (PIP) forms are extremely complex; further that assessors do not fully understand the impacts of all disabilities; and further that the current rules are leading to many recipients unfairly losing their benefits and thus having to go through a very stressful appeal process which worsens their condition.

The petitioners therefore request that the House of Commons urges the Government to undertake a full review of the PIP claims process and in particular to ensure that the assessment criteria are fit for purpose; further that PIP claim forms are simplified; further that staff training and guidance are improved to ensure better decisions; and further that lifetime PIP awards be made to people with the most severe conditions and deteriorating condition.

9.4 Written Parliamentary questions (PQ)

[Social Security Benefits: Medical Examinations](#), PQ 190862, 23 Nov 2018

Asked by: Greenwood, Lilian | **Party:** Labour Party

To ask the Secretary of State for Work and Pensions, what criteria the Department provides to its partners to assess non-physical disabilities for clients applying for personal independence payment and disability living allowance.

Answering member: Sarah Newton | **Party:** Conservative Party | **Department:** Department for Work and Pensions

The Personal Independence Payment (PIP) process is designed to treat all claimants fairly and with respect. A core tenet of its design is the principle of equivalence between physical and non-physical conditions in order to accurately determine the level of support a person needs.

Health professionals carrying out the assessments have training in multiple and complex conditions such as autism, mental health conditions and learning disabilities.

In addition, the Assessment Providers have Mental Health Champions who are experienced professionals with direct and relevant work experience of helping patients with mental health conditions.

Detailed information of PIP assessment processes and how claimants with mental health conditions are assessed for PIP can be found in the PIP Assessment Guide:

[Personal Independence Payment assessment guide for assessment providers - GOV.UK](#)

The proportion of PIP recipients with a mental health condition getting the top rates of support is over five times higher compared to Disability Living Allowance (DLA).

Child DLA is a benefit for children under the age of 16 who, due to a disability or health condition, have mobility issues and/or require substantially more care, attention & supervision than children their age normally would. Child DLA comprises a Care component and a Mobility component; either or both can be claimed, depending on the child's overall needs and age.

Parents or guardians complete a claim form which requests detailed information about the child and the form is considered by a case manager alongside other evidence such as reports' from the child's General Practitioner (GP), consultant and/or school.

Case Managers have access to comprehensive medical guidance and advice from qualified Medical Advisers based at the Child DLA centre. In the vast majority of cases no face to face assessment is required.

[Work Capability Assessment: Mental Illness](#), PQ 189810, 23 Nov 2018

Asked by: Pidcock, Laura | **Party:** Labour Party

To ask the Secretary of State for Work and Pensions, with reference to the oral evidence of the Minister for Disabled People, Health and Work to the Work and Pensions Committee on PIP and ESA assessments on 20 December 2017, HC 340, what steps she has taken to ensure that (a) work capability assessment providers do not ask claimants with mental health problems why they had not carried out their suicidal ideas and (b) the conduct of assessments does not increase the risk of suicide and self harm among claimants with mental health problems.

Answering member: Sarah Newton | **Party:** Conservative Party | **Department:** Department for Work and Pensions

All healthcare professionals (HCPs) carrying out WCA assessments were given face to face training on exploring self-harm and suicidal ideation in May 2018. The training which was quality assured by the Royal College of Psychiatrists was designed to enhance the skills of HCPs in sensitively exploring self-harm and suicidal ideation.

[Personal Independence Payment: Mental Illness](#), PQ 183895, 02 Nov 2018

Asked by: Hillier, Meg

To ask the Secretary of State for Work and Pensions, whether health professionals undertaking personal independence payment assessments for people with mental health issues are required to have a qualification in mental health.

Answering member: Sarah Newton | **Department:** Department for Work and Pensions

The Department requires Health Professionals to achieve approval status following broad training in disability analysis, as well as training in specific conditions, including mental health, multiple and complex conditions. This training is developed by the providers who engage with stakeholders and charities, and regularly review the material to ensure it remains current. The training delivers understanding of multiple mental health conditions and the impact they are likely to have on an individual's ability to function. In addition, Mental Health Champions support Health Professionals to ensure they deliver quality assessments to customers with mental health conditions.

[Work Capability Assessment: Mental Illness](#), PQ 183993, 30 Oct 2018

Asked by: Jarvis, Dan | **Party:** Labour Party

To ask the Secretary of State for Work and Pensions, whether her Department have any plans to amend the qualifying criteria for the home work capability assessment for people suffering from mental health concerns.

Answering member: Sarah Newton | **Party:** Conservative Party | **Department:** Department for Work and Pensions

Work is ongoing with the Work Capability Assessment provider to fully review their process for dealing with requests for a home visit. This review will consider all aspects of the process, including how claimants requiring a home visit can be identified more effectively at the beginning of the process, the ease with which a claimant can request a visit, and how we can make more efficient use of existing evidence to support the decision on whether a home visit is required.

[Employment and Support Allowance: Mental Health](#), PQ 182832, 30 Oct 2018

Asked by: Cameron, Dr Lisa

To ask the Secretary of State for Work and Pensions, whether her Department has made an assessment of the implications for her policies of the report entitled, *Where your mental health just disappears overnight*, published by Inclusion London.

Answering member: Sarah Newton | **Department:** Department for Work and Pensions

The Department recognises that many of those claiming benefits are particularly vulnerable and we continue to explore ways to improve the customer journey, especially for those with mental health conditions, and have safeguards in place to ensure people are supported throughout the claiming and sanctions processes.

Over half of Employment and Support Allowance claimants - 1.2 million people – have a mental health or behavioural-related condition.

[Work Capability Assessment](#), PQ 177749, 15 Oct 2018

Asked by: Stevens, Jo | **Party:** Labour Party

To ask the Secretary of State for Work and Pensions, if she will place in the Library copies of assessments conducted by her Department relating to the mental well-being of applicants during and/or immediately after the work capability assessment process in the last three years.

Answering member: Sarah Newton | **Party:** Conservative Party | **Department:** Department for Work and Pensions

The Department has not completed any such assessments within the timeframe, though in the latest official DWP survey, 82 per cent of Employment and Support Allowance claimants said that they were satisfied with their overall experience of the benefit journey: <https://www.gov.uk/government/publications/dwp-claimant-service-and-experience-survey-2016-to-2017>.

As well as this a number of safeguards were built into the Work Capability Assessment from the outset, and we have introduced further improvements to try and ensure that people who have mental health conditions are treated fairly and sensitively.

[Social Security Benefits: Asperger's Syndrome](#), PQ 166213, 24 Jul 2018

Asked by: Fellows, Marion

To ask the Secretary of State for Work and Pensions, what assessment she has made of the effect of the replacement of Aspergers with Autistic Spectrum Disorder in the fifth edition of the Diagnosis and Statistical Manual of Mental Disorders on the ability of people with Aspergers to claim personal independence payment and employment support allowance as a result of being required to secure a new diagnosis when proving that their condition affects their daily living.

Answering member: Sarah Newton | **Department:** Department for Work and Pensions

The publication of the fifth edition of the Diagnosis and Statistical Manual of Mental Disorders has had no impact on the eligibility criteria for Employment and Support Allowance (ESA) or for Personal Independence Payment (PIP).

The Work Capability Assessment (WCA) is designed to determine an individual's eligibility for ESA. It assesses individuals against a set of functional physical and mental health descriptors to assess how their health condition or disability affects their ability to work.

Entitlement for PIP is assessed on the basis of the needs arising from a long-term health condition or disability, not the health condition or the disability itself.

[Social Security Benefits: Mental Illness](#), PQ 144818, 24 May 2018

Asked by: Crausby, Sir David | **Party:** Labour Party

To ask the Secretary of State for Work and Pensions, what guidance and training is provided to staff determining sanctions for (a) jobseekers allowance and (b) universal credit to help them understand mental health problems which may legitimately account for claimants missing appointments with little or no notice.

Answering member: Alok Sharma | **Party:** Conservative Party | **Department:** Department for Work and Pensions

DWP provides learning and guidance for staff administering Jobseeker's Allowance to determine if a referral to a Decision Maker is appropriate when determining a sanction. Foundation learning is provided and undertaken to build capability and to recognise when a claimant is vulnerable, has a known mental health condition or other complex needs exists.

Decision makers and work coaches are also supported by material which covers identifying circumstances when a claimant can be treated as having good reason for failure to attend.

Universal Credit staff receive further learning about complex needs and supporting a claimant, such as guidance for decision makers to prompt them to take all of a claimant's circumstances into account, including known mental health problems, when assessing whether a sanction is appropriate.

Staff are supported to consider 'good reason' for failing to attend an appointment and determine if a mental health problem contributed to the missed appointment. The learning and guidance for jobcentre staff explains that when referring cases they must record whether the claimant has complex needs so the decision maker can consider that as part of the decision making process.

[Social Security Benefits: Mental Illness](#), PQ 144190, 23 May 2018

Asked by: Crausby, Sir David | **Party:** Labour Party

To ask the Secretary of State for Work and Pensions, how many sanctions have been imposed on (a) jobseekers allowance and (b) universal credit claimants who are experiencing mental health problems in the most recent 12 months for which figures are available.

Answering member: Alok Sharma | **Party:** Conservative Party |
Department: Department for Work and Pensions

The information requested is not readily available and to provide it would incur disproportionate cost.

We engage at a personal and individual level with all of our claimants and are committed to tailoring the support that we give, and any conditionality requirements to the specific circumstances of the individuals. Sanctions are only used in a minority of cases and when people fail to meet their conditionality requirements without good reason.

A Decision Maker will take all the claimant's individual circumstances, including any health conditions or disabilities and any evidence they provide, into account before deciding whether a sanction is warranted.

[Personal Independence Payment: Mental Illness](#), PQ 133406, 28 Mar 2018

Asked by: Bottomley, Sir Peter

To ask the Secretary of State for Work and Pensions, if she will make an assessment of the adequacy of the criteria for assessments for personal independence payments for people with mental health problems.

Answering member: Sarah Newton | **Department:** Department for Work and Pensions

The assessment criteria for Personal Independence Payment (PIP) have been developed to take into account the overall impact of a claimant's physical or mental health condition or impairment on their functional ability, rather than focusing on a particular diagnosis. The inclusion in the assessment of activities around communicating, engaging with others, and planning and following journeys assists with assessing the impact of conditions affecting mental, intellectual, cognitive and developmental functions.

66% of PIP recipients with mental health conditions get the enhanced rate daily living component, compared with 22% who received the highest DLA care component. And 31% of PIP recipients with mental health conditions get the enhanced rate mobility rate, compared with just 10% of DLA recipients.

[Personal Independence Payment: Mental Illness](#), PQ 133754, 27 Mar 2018

Asked by: Whitford, Dr Philippa

To ask the Secretary of State for Work and Pensions, what training personal independence payment assessors receive on mental illness and the disabilities that result from them.

Answering member: Sarah Newton | **Department:** Department for Work and Pensions

Health Care Professionals (HCPs) undertaking PIP assessments must have at least 2 years post full registration experience (this refers to either UK registration or equivalent overseas registration for non-UK HCPs) or less than 2 years post full registration experience by individual, prior, written agreement with the Department. Requests by providers to employ Health Professionals with less than 2 years post full registration experience is rare and exceptional.

All HCPs receive training on how to identify the impact of mental health conditions on claimants. This is followed by on-going professional training and support which continues for the duration of their employment in the role.

In addition, Mental Health Champions support HCPs by providing additional expertise about mental health, cognitive, developmental and learning disabilities and can be referred to at any time during the assessment process.

HCPs make every attempt to obtain the best evidence available to assist them in undertaking the assessment. This includes accessing evidence from Community Mental Health Teams, psychologists, psychiatrists and other medical professionals. Health Assessment Providers frequently engage with medical experts, charities and relevant stakeholders to strengthen review and update training programmes for all their assessment staff.

[Personal Independence Payment](#), PQ 132148, 15 Mar 2018

Asked by: Jones, Helen

To ask the Secretary of State for Work and Pensions, how many and what proportion of staff carrying out assessments for personal independence payments have received training in the assessment of mental health conditions and the effect of such conditions on applicants.

Answering member: Sarah Newton | **Department:** Department for Work and Pensions

Health Care Professionals (HCPs) undertaking PIP assessments must have at least 2 years post full registration experience (this refers to either UK registration or equivalent overseas registration for non-UK HCPs) or less than 2 years post full registration experience by individual, prior, written agreement with the Department. Requests by providers to employ Health Care Professionals with less than 2 years post full registration experience are rare and exceptional.

All HCPs receive training on how to identify the impact of mental health conditions on claimants. This is followed by on-going professional training and support which continues for the duration of their employment in the role.

In addition, Mental Health Champions support HCPs by providing additional expertise about mental health, cognitive, developmental and learning disabilities and can be referred to at any time during the assessment process.

HCPs make every attempt to obtain the best evidence available to assist them in undertaking the assessment. This includes accessing evidence from Community Mental Health Teams, psychologists, psychiatrists and other medical professionals. Health Assessment Providers frequently engage with medical experts, charities and relevant stakeholders to strengthen, review and update training programmes for all their assessment staff.

[Work Capability Assessment: Mental Illness](#), PQ 120769, 08 Jan 2018

Asked by: Ruane, Chris | **Party:** Labour Party

To ask the Secretary of State for Work and Pensions, pursuant to the Answer of 20 December 2017 to Question 118979, what assessment he has made of his Department's ability accurately to assess clients against the mental functional descriptors of the work capability assessment; and if he will review his Department's policy of not employing psychologists and psychiatrists to adjudicate in such assessments.

Answering member: Sarah Newton | **Party:** Conservative Party | **Department:** Department for Work and Pensions

All Healthcare Professionals who undertake Work Capability Assessments are registered healthcare professionals, doctors, nurses, physiotherapists or occupational therapists, with a minimum of two years broad - based post registration experience, although this can be waived in exceptional circumstances by the Department. They are subject to a thorough recruitment process that includes formal interview and all are required to pass a competency based assessment. Once recruited, they undertake a comprehensive new entrant training programme.

All healthcare professionals then have 100% of their work audited until it is demonstrated that their work meets the required standards. At this stage, the Assessment Provider make a recommendation to the DWP that the healthcare professional should be formally approved. All practitioners are then subject to a programme of case reviews and audit.

They are not required by DWP to hold specialist qualifications or specific previous experience in mental health conditions. As part of the induction Healthcare Professionals receive training in mental health issues and are required to read evidence based protocols on mental health conditions. In addition, they are required to engage in a programme of continuing medical education which includes modules on mental health conditions.

The Work Capability Assessment is a functional assessment which focuses not on a claimant's condition but on the functional effects of that condition. It looks at a range of different activities related to physical, mental, cognitive and intellectual functions and certain additional criteria that do not directly measure function to determine capability for work.

[Employment and Support Allowance: Injuries](#), PQ 119556, 21 Dec 2017

Asked by: Linden, David

To ask the Secretary of State for Work and Pensions, what recent discussions he has had with Maximus on making improvements to how that provider conducts employment and support allowance

assessments for people with an injury; and what steps that provider is taking to improve such assessments.

Answering member: Sarah Newton | **Department:** Department for Work and Pensions

I will personally be meeting with Maximus in the New Year but the department regularly meets with the Centre for Health and Disability Assessments (CHDA) to discuss all aspects of their delivery of Work Capability Assessments, including ensuring it works effectively for people with all types of health conditions and disabilities.

The Department expects CHDA to continuously seek out opportunities to improve the service they provide and to identify how to improve the customer journey. Since CHDA took over the contract to carry out assessments in March 2015, they have made a number of improvements to claimants' experience of assessments, including increasing the number of Healthcare Professionals by over 60% and opening new assessment rooms so they can see more people in more locations.

CHDA have also introduced a number of claimant-focused improvements, including:

- establishing a Customer Representative Group with leading charities who have regular meetings with the clinical leadership team from CHDA;
- producing videos for their website showing claimants exactly what to expect when they have an assessment;
- introducing disability awareness training for clinical and administrative staff (carried out by Disability Rights UK);
- introducing a customer charter that commits to treating all of their customers with professionalism, dignity and respect;
- introducing a telephone support service to help claimants complete their ESA50/UC50 questionnaire, including advising about the types of evidence that are useful; and
- increasing the number of mental health champions in place.

[Personal Independence Payment](#), PQ 111563, 15 Nov 2017

Asked by: Lammy, Mr David

To ask the Secretary of State for Work and Pensions, what assessment he has made of the effect of long-term sick and disabled personal independence payment (PIP) claimants taking repeated PIP tests and assessments of the health and wellbeing of claimants; and what the cost to the public purse has been of such repeat tests and assessments since they were instituted.

Answering member: Sarah Newton | **Department:** Department for Work and Pensions

DWP and our Assessment Providers are committed to providing a quality, sensitive and respectful service by conducting fair, accurate and objective assessments, not all of which have to be carried out face-to-face where sufficient evidence exists. Where a face-to-face assessment is required claimants are given the opportunity to alert their Assessment Provider of any additional

requirements they may have and the providers will meet any such reasonable requests. Claimants are also encouraged to bring someone with them to their consultation where they would find that helpful for example, to reassure them or to help them during the consultation. The PIP Assessment Guide, which is regularly updated, provides comprehensive guidance for Health Professionals regarding all aspects of the assessment process, including how health professionals conduct themselves during face-to-face consultations.

Awards of Personal Independence Payment (PIP) can be at one of eight possible rates of payment. Reviews of PIP are therefore a key part of the benefit and ensure that not only awards remain correct where needs may change but that we also maintain contact with the claimant, both features missing from its predecessor Disability Living Allowance. The length of an award is based on an individual's circumstances and can vary from nine months to an on-going award with a light touch review at the ten year point. Award reviews can also be instigated where a claimant reports that their needs have improved or got worse. PIP already recognises that for the most severely disabled claimants, the award review process could seem unnecessarily intrusive. Existing PIP claimants with the most severe, lifetime disabilities, whose functional ability has remained the same, are more likely to have their evidence reviewed by a DWP Decision-Maker and will not need to have another face-to-face assessment with a healthcare professional.

We will continue to closely monitor developments across the health and disability landscape and engage with stakeholders to improve the service we provide. We are committed to ensuring that the PIP reassessment process works effectively across the spectrum of disabilities and health conditions, including mental health conditions, cognitive impairments and physical disabilities.

The Department has interpreted your costs request to mean the DWP costs associated with PIP award reviews. The yearly operating costs are shown in the table below:

	2014/15	2015/16	2016/17	2017/18
PIP Award Reviews	£167,408	£1,867,455	£8,019,582	£5,958,376

Notes

The data above is shown in financial years (01st April – 31st March) with the exception of 2017/18 which is 01st April – 30th September

The costs associated with Award Reviews have risen each year due to the staged roll-out of the PIP benefit.

Source: Activity Based Management Model – L1 Operating Costs

[Employment and Support Allowance: Mental Illness](#), PQ 107866, 23 Oct 2017

Asked by: Debbonaire, Thangam

To ask the Secretary of State for Work and Pensions, if he will review the employment and support allowance assessment criteria to tackle the difficulties faced by applicants suffering with mental health problems including anxiety and depression.

Answering member: Penny Mordaunt | **Department:**
Department for Work and Pensions

We are committed to ensuring that the WCA assesses people fairly and accurately, which is why we keep our processes under review. Since ESA was introduced, we have made a number of changes to strengthen the assessment process for people with mental health conditions. We took forward a number of recommendations from Professor Harrington and Dr Litchfield who independently reviewed the WCA, including redesigning the ESA50 claimant questionnaire to make it clear that evidence from healthcare professionals and advocates is particularly valuable in mental health cases.

More information regarding these independent reviews can be found at:

<https://www.gov.uk/government/publications/work-capability-assessment-independent-review-year-1>

[Personal Independence Payment](#), PQ 107050, 18 Oct 2017

Asked by: Kinnock, Stephen

To ask the Secretary of State for Work and Pensions, what assessment he has made of the psychological effect that the personal independence payment assessment process is having on applicants.

Answering member: Penny Mordaunt | **Department:**
Department for Work and Pensions

We have consulted and engaged widely, and continue to do so, with disabled people, carers and representative organisations to ensure the Personal Independence Payment (PIP) assessment process works smoothly and efficiently for all claimants, regardless of their condition or disability. The PIP assessment allows us to accurately and consistently assess individuals' needs, ensuring that support is targeted at those disabled people who require the most assistance to lead independent lives.

We do recognise that attending a face-to-face assessment can be a stressful experience for some people, which is why we do not carry out such consultations where there is enough existing evidence to carry out a paper-based assessment. Furthermore, where a face-to-face consultation is required, we encourage claimants to bring another person with them to consultations where they would find this helpful to, for example, reassure them or to help them during the consultation. The person chosen is at the discretion of the claimant and might be, but is not limited to, a parent, family member, friend, carer, or advocate.

Where a face-to-face consultation is required, the Health Professional (HP) carrying it out will be a medically qualified professional and as such, will have the appropriate skills to enable them to deal with people in a supportive and sensitive way. HPs ensure that assessments are relaxed and unhurried, allowing the claimant time and encouraging them to explain in their own words how their health condition or disability impacts their ability to carry out the PIP activities. It is important that the consultation feels like a genuine two way conversation.

In 2016 DWP commissioned Ipsos MORI to conduct independent research with PIP claimants covering all aspects of the PIP journey, from initial claim, the assessment process through to mandatory reconsideration and appeal. The first phase of the research, examining the initial claims process, was published in the Department's research report series in March. Subsequent findings from stages two and three of the research, including findings on assessments, will be published in late 2017/early 2018 (date to be confirmed).

[Social Security Benefits: Mental Illness](#), PQ 106329, 16 Oct 2017

Asked by: Robertson, Mr Laurence

To ask the Secretary of State for Work and Pensions, what assessment he has made of the effectiveness of employment and support allowance and personal independence payment assessments in dealing with issues experienced by those suffering from mental illnesses.

Answering member: Penny Mordaunt | **Department:** Department for Work and Pensions

People claiming Employment and Support Allowance (ESA) will attend the Work Capability Assessment (WCA) to assess how their condition(s) affect their functional capability.

Since ESA was introduced, we have made a number of changes to improve the assessment process for people with mental health conditions. We took forward a number of recommendations from Professor Harrington and Dr Litchfield who independently reviewed the WCA, including redesigning the ESA50 claimant questionnaire to make it clear that evidence from healthcare professionals and advocates is particularly valuable in mental health cases. More information regarding these independent reviews can be found at:

<https://www.gov.uk/government/publications/work-capability-assessment-independent-review-year-1>

The Personal Independence Payment (PIP) assessment has been designed to reflect a modern understanding of disability, treating all conditions fairly and focussed on people who need it most. PIP also ensures parity between mental and physical conditions. It achieves this by looking at the overall needs of an individual, not which conditions they have. As a consequence of the introduction of PIP there are more people with mental health conditions receiving the higher rates of both PIP components than the DLA equivalents.

We constantly look to review and improve the experience of claiming PIP and committed to two, statutory independent reviews as part of the Welfare Reform Act 2012. The latest of these reviews, led by Paul Gray, was published on 30 March 2017: <https://www.gov.uk/government/publications/personal-independence-payment-pip-assessment-second-independent-review>

We are currently considering the review's findings and plan to respond later this year.

[Personal Independence Payment: Post- traumatic Stress Disorder](#), PQ 10121, 09 Oct 2017

Asked by: Williamson, Chris

To ask the Secretary of State for Work and Pensions, what assessment he has made of the effect on the health of people with post-traumatic stress disorder of annual assessments for personal independence payments.

Answering member: Penny Mordaunt | **Department:** Department for Work and Pensions

No such assessment has been made. Reviews of Personal Independence Payment (PIP) are a key part of the benefit and ensure that not only do awards remain correct where needs may change but that we also maintain contact with the claimant, both features missing from its predecessor Disability Living Allowance. The length of an award is based on an individual's circumstances and can vary from nine months to an on-going award with a light touch review at the ten year point.

PIP recognises that for the most severely disabled claimants, the award review process could seem unnecessarily intrusive. Existing PIP claimants with the most severe, lifetime disabilities, whose functional ability has remained the same, are more likely to have their evidence reviewed by a DWP Decision-Maker and will not need to have another face-to-face assessment with a healthcare professional.

We will continue to closely monitor developments across the health and disability landscape and engage with stakeholders to improve the service we provide. We are committed to ensuring that the PIP review process works effectively across the spectrum of disabilities and health conditions, including post traumatic stress disorder, other mental health conditions, cognitive impairments and physical disabilities.

[Social Security Benefits](#) PQ 9943, 18 Sep 2017

Asked by: Abrahams, Debbie

To ask the Secretary of State for Work and Pensions, whether he has plans to increase mental health training for personal independent payment and employment and support allowance assessors.

Answering member: Penny Mordaunt | **Department:** Department for Work and Pensions

Training for Health Professionals on how to identify the impact of mental health conditions on a claimant's ability to carry out the activities in either assessment, is already a key feature of the training programmes provided by the Assessment Providers.

All Assessment Providers frequently engage with medical experts, charities and relevant stakeholders including mental-health organisations, to strengthen, review and update training programmes for all their Health Professionals.

[Work Capability Assessment](#), PQ 3372, 13 Jul 2017

Asked by: Lord, Mr Jonathan | **Party:** Conservative Party

To ask the Secretary of State for Work and Pensions, what recent assessment he has made of the effectiveness of health capability

assessments for claimants of employment and support allowance with (a) mental health issues and (b) learning difficulties.

Answering member: Penny Mordaunt | **Party:** Conservative Party | **Department:** Department for Work and Pensions

Strict audit and quality control measures are in place to ensure the Centre for Health and Disability Assessments delivers high-quality assessments.

The Department introduced the independent audit of Work Capability Assessments in March 2015 in line with the start of the new Health and Disability Assessment Service contract. Audit has a central role in confirming that independent health professional advice complies with the required standards and that it is clear and medically reasonable. It also provides assurance that any approach to assessment and opinion given is consistent so that, irrespective of where or by whom the assessment is carried out, claimants with conditions that have the same functional effect will ultimately receive the same benefit outcome.

Health Professionals receive training on how to identify the impact of mental health conditions on claimants. This is followed by on-going professional training and support which continues for the duration of their employment in the role.

Providers are required to make every attempt to obtain the best evidence available to assist the Health Professional undertaking the assessment to make a fully formed judgment. This includes evidence from Community Mental Health Teams, psychologists, psychiatrists and social workers supporting claimants with mental health conditions.

[Social Security Benefits: Mental Health](#), PQ 2949, 10 Jul 2017

Asked by: Smith, Jeff

To ask the Secretary of State for Work and Pensions, what plans he has to improve the understanding of mental health among personal independence payment and employment and support allowance assessors.

Answering member: Penny Mordaunt | **Department:** Department for Work and Pensions

Health Professionals (HPs) receive training on how to identify the impact of mental health conditions on claimants. This is followed by on-going professional training and support which continues for the duration of their employment in the role.

In addition, Mental Health Champions support HPs by providing additional expertise about mental health, cognitive, developmental and learning disabilities and can be referred to at any time during the assessment process.

HPs make every attempt to obtain the best evidence available to assist them in undertaking the assessment. This includes accessing evidence from Community Mental Health Teams, psychologists, psychiatrists and other medical professionals.

Health Assessment Providers frequently engage with medical experts, charities and relevant stakeholders to strengthen review and update training programmes for all their assessment staff.

[Mental Illness: Work Capability Assessments](#), PQ 59090, 12 Jan 2017

Asked by: Cunningham, Mr Jim | **Party:** Labour Party

To ask the Secretary of State for Health, what representations he has received from mental health charities in relation to work capability assessments for people with mental health issues; and if he will make a statement.

Answering member: Nicola Blackwood | **Party:** Conservative Party | **Department:** Department of Health

As part of the Work, Health and Disability Green Paper published by the Department of Health and the Department for Work and Pensions, we are consulting on ways to reform the Work Capability Assessment, to ensure people receive the individualised employment and health support they need alongside the right financial support. This includes people with mental health conditions. As part of the on-going consultation we are engaging with a range of stakeholders, including mental health charities, to discuss ideas for reform and to establish the best way forward.

9.5 Oral parliamentary questions

[Universal Credit](#), HL deb 08 Jan 2019, volume 794 c2123-4

Baroness Wyld (Con): My Lords, in the debate at the end of last year, I asked the Minister specifically about those with mental health illnesses who are struggling with the complexity of the system. In the light of recent changes, can my noble friend say a little more about the specific support that will be available to those struggling with mental health conditions, and how they will be helped to manage their way through this process?

Baroness Buscombe: I thank my noble friend for this question, because of course our focus is very much on all claimants. Each claimant has a different bespoke need. The reality is that they have a work coach and a caseworker supporting them in a bespoke way that never existed under the legacy system. In relation to those who are particularly vulnerable and have particular mental health issues or disability needs, we are committed to gathering better data to support those claimants and to prioritise this as part of the wider Work Programme for universal credit. Anything we do will be introduced incrementally and could cover a broad range of complex needs rather than focusing on one particular group.

We have been focusing very much on training staff and increasing the number of staff. For example, we have introduced a function to pin key profile notes so that they are instantly visible to all staff helping a claimant. After a small trial, this feature was rolled out in September last year. We are thinking all the time about how we can help people in a bespoke way. A number of Peers who joined me at the Department for Work and Pensions at the end of last year saw for themselves the work that we do and how we focus to the best of our ability on what will be 8 million people when the whole system is fully rolled out, each and every one of

them having perhaps a slightly different issue but being part of the system that works for everyone.

[Universal Credit Managed Migration](#), 19 November 2018, volume 649, cc.559-60

[Contracted-out Health Assessments](#), HC deb 15 Oct 2018, volume 647 c394

Asked by: Marsha De Cordova (Battersea) (Lab)

NHS survey data show that, under the Conservatives, 43% of those in receipt of ESA have attempted suicide. Leading academics, disabled people's organisations and clinicians have raised concerns that the work capability assessment is causing a mental health crisis. The WCA is not fit for the 21st century—it is outdated and is causing preventable harm—so I ask the Minister: is it not time that the Government scrap the WCA that is pushing so many people to suicide?

Answered by: Sarah Newton | **Department:** Work and Pensions

First, I remind the hon. Lady that it was the Labour party in 2008 that introduced the work capability assessment. Ever since then, we have been using independent advice to reform the work capability assessment.

Answered by: Sarah Newton | **Department:** Work and Pensions

What is absolutely shocking is to misuse—[Interruption.]

Answered by: Sarah Newton | **Department:** Work and Pensions

Especially on such an incredibly sensitive subject as people wanting to take their own life. Our chief medical officer, Professor Gina Radford, has made it absolutely clear that the NHS data shows there is no causal link between applying for benefits and people tragically taking their lives.

[Personal Independence Payment](#), HC deb 10 Oct 2018, volume 793 c124

Asked by: Baroness Couttie (Con)

My Lords, the Government are clearly putting forward a number of amendments to try to improve the process and payment of PIP. What are they actually doing to make improvements for mental health patients, who might find the system quite complicated and difficult?

Oral questions - Supplementary

Answering member: Baroness Buscombe

My Lords, there has been a very strong focus, particularly in recent months, on mental health conditions. PIP has a much better understanding of non-physical conditions such as mental health conditions than existed under DLA. Indeed, overall, 65% of PIP recipients whose main disabling condition is a mental health one are getting the enhanced rate of the daily living component, compared to only 22% of mental health recipients under DLA; and 33% of PIP recipients whose main disabling condition is a

mental health one are getting the enhanced rate of the mobility component, compared to only 10% of mental health recipients receiving the higher rate of the DLA mobility component. PIP is showing a greater and more generous focus regarding delivery for those with mental health conditions.

[Personal Independence Payment: Assessments](#), HL debate 19 Jun 2018, volume, 791 c1936

Asked by: The Lord Bishop of Durham

My Lords, personal independence payments make a significant difference to those living with mental health difficulties. Sadly,

Mind found that only 8% of the 800 it surveyed felt that the assessor understood their mental health and 90% felt that the claims process itself had a negative impact on their well-being. Will Her Majesty's Government require assessment providers to ensure that they hire more assessors with proper experience of working with people with mental health issues, and audit the quality of the mental health training?

Oral questions - Supplementary

Answering member: Baroness Stedman-Scott

I will certainly pass on the point that the right reverend Prelate raises in relation to assessors having an understanding, directly or indirectly, of mental health issues. On DLA, 6% of recipients received the top rate, while with PIP that has gone to 30%. The issue of mental health is on everybody's agenda and we are doing more to help people get the support that they need.

[PIP assessors: mental health awareness](#), HC deb 21 May 2018, volume 641, cc.555-6

[Universal Credit](#), HC deb 23 April 2018, volume 790, cc.1339-1341

Baroness Meacher (CB): My Lords, under universal credit, claimants with mental health problems who are waiting for their work capability assessment and who may, therefore, be proved unfit for work, are nevertheless being required to look for work during that waiting period, and will be sanctioned if they fail to do so. Does the Minister accept that this is an entirely unacceptable and grossly unfair system? Will she assure the House today that the Government plan to take action to bring this system to an end? If she cannot do that today, will she write to me to explain what action the Government will take to give fair treatment to mentally ill people waiting for their work capability assessment?

Baroness Buscombe: I thank the noble Baroness for her question; I know that she has great interest in this area. As I have said before, we are continually working to improve the work capability assessment. As a result of our Budget announcements last autumn, it is now possible for people to have a 100% advance on their universal credit while they are waiting for that assessment. I emphasise that those with severe disability do not now have to go through further work capability assessments. I assure the noble Baroness that we are constantly looking at this, working to improve the training of our work coaches and all the professionals involved in work capability assessments, to make

sure that we minimise the number of people for whom we fall short in terms of support and protection.

[...]

Baroness Primarolo (Lab): My Lords, will the Minister explain why the universal credit sanctions regime imposes multiple sanctions on claimants with mental health problems, damages individuals' health, causes unnecessary suffering and hardship, and does absolutely nothing to improve their ability to find paid work?

Baroness Buscombe: My Lords, I have to disagree with the noble Baroness. Putting aside the raft of additional support and improvements that come with universal credit, we can demonstrate that universal credit is a far better route than the old legacy system to giving much better support to the people to whom she referred. Sanctions are used only in a minority of cases where claimants fail to meet their conditionality requirements without good reason.

[Personal Independence Payments: Mental Health](#), HC deb 18 December 2017, volume 633, cc.736-7

10. Further reading

10.1 Library publications

[Backbench Business Debate: Impact of Changes to Disability Support](#), Commons Library debate pack, 18 December 2018

[Welfare Changes: Impact on Family Life](#), Lords Library note, 25 October 2018

[Opposition Day Debate: Universal Credit](#), Commons Library debate pack, 16 October 2018

[Suicide Prevention: Policy and Strategy](#), Commons Library briefing, 10 September 2018

- See in particular section 7

[ESA and PIP reassessments](#), Commons Library briefing paper, 13 July 2018

[Claimant experience of the Personal Independence Payment process](#), Commons Library debate pack, 30 April 2018

[Work Capability Assessments](#), Commons Library debate pack, 12 December 2017

10.2 Official publications

[PIP and ESA assessments: Government Response to the Committee's Seventh Report of 2017–19](#), House of Commons Work and Pensions Committee, Eighth Special Report of Session 2017–19, HC 986, 23 April 2018

[PIP and ESA assessments](#), House of Commons Work and Pensions Committee, Seventh Report of Session 2017–19, HC 829, 14 February 2018

[Government Response to the Second Independent Review of the Personal Independence Payment Assessment](#), Department for Work and Pensions, 18 December 2017

Paul Gray, [The Second Independent Review of the Personal Independence Payment Assessment](#), Department for Work and Pensions, March 2017

10.3 Other

[Access denied: barriers to justice in the disability benefits system](#), Zacchaeus 200 Trust, 2018

[A better WCA is possible: Disability assessment, public opinion and the benefits system](#), DEMOS, 2018

[Preventable harm and the Work Capability Assessment](#), Centre for Welfare Reform, August 2018

[Personal Independence Payments and Employment Support Allowance Examining the impact of PIP and ESA assessments on vulnerable people in Brighton and Hove](#), Healthwatch Brighton and Hove, February 2018

[Written submission for the Visit by the United Nations Special Rapporteur on extreme poverty and human rights to the United Kingdom](#), (*references mental distress caused by work capability assessments*) DeStress Project, 2018

[Mental health problems and benefits reassessments](#), MIND, October 2017

[Work Capability Assessments \(WCA\)](#), Rethink Mental Illness, 2014 (updated 2017)

[Supporting those who need it most: Evaluating Personal Independence Payment](#), Disability Benefits Consortium, September 2017

[Call to action on Work Capability Assessment reform](#), The British Psychological Society, 2016

[‘First, do no harm’: are disability assessments associated with adverse trends in mental health? A longitudinal ecological study](#), BMJ, 2015

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