

## **Ticking All the Wrong Boxes: Mental Health and Employment Support Allowance**

### **A report from the Scottish Mental Health Partnership**

#### **Introduction**

The Scottish Mental Health Partnership is a coalition of third sector mental health organisations, service providers and professional bodies working together to promote mental health awareness and improve outcomes for people experiencing mental health issues. The partnership collaborates to offer new perspectives and a progressive vision for mental health in Scotland.

The Partnership was established in 2014. When considering what subject we should examine for this, the Partnership's first report, it quickly became clear that an overriding shared concern was welfare reform. We therefore asked our members and service users to tell us about their experiences of applying for Employment and Support Allowance (ESA), as this is the main employment-related benefit for disabled people.

#### **Summary of Methodology and Findings**

We carried out an online survey during February-March 2015, asking people about their experiences of the WCA, ESA and associated employment support. Participants were recruited through the Partnership's network of members, supporters and contacts, both online and offline. We received 138 responses. However, it was not clear that all respondents had personal experience of applying for ESA, so our analysis is based on the 90 respondents who did have such experience.

We report some worrying findings, and while we acknowledge that our small sample size makes it hard to draw concrete conclusions, our research echoes the findings of other reports regarding the operation of ESA for people with mental health problems<sup>1</sup>.

- The Work Capability Assessment (WCA - the test used to establish eligibility for ESA) does not inspire confidence in participants that it can adequately assess mental health problems
- People being assessed for ESA are not clear about who is assessing them and are concerned they do not appear to have expertise in mental health
- Respondents felt the process of transferring from Incapacity Benefit to ESA had not worked well
- The Support Group of ESA appears to work well but people continue to experience distress at the prospect of further reassessment
- People in the Work Related Activity Group of ESA report inappropriate expectations, making their illness worse
- The number of appeals does not adequately reflect the level of problems in the system: people are too ill or dispirited to appeal and the new Mandatory Reconsideration process is skewing the figures

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<sup>1</sup> [Fifth Independent Review of the Work Capability Assessment Call for Evidence - Response from Mental Health Foundation, Mind, the Northern Ireland Association for Mental Health, Rethink Mental Illness, the Royal College of Psychiatrists and SAMH \(Scottish Association for Mental Health\) \(August 2014\)](http://www.rcpsych.ac.uk/policyandparliamentary/welfarereform/workcapabilityassessment.aspx) Joint Submissions from years 1 -4 can be found here <http://www.rcpsych.ac.uk/policyandparliamentary/welfarereform/workcapabilityassessment.aspx>

## Recommendations

- The next UK Government should redesign the ESA assessment process so that it can properly assess the impact of mental health problems
- The next UK Government should implement the recommendation made in Dr Litchfield's independent review of the WCA, to strengthen its requirements that healthcare professionals assessing people for ESA have suitable and sufficient previous experience of dealing with people with mental health problems<sup>2</sup>
- The next UK Government should ensure that, at the start of each ESA claim, applicants are given clear information on their rights, such as the right to be accompanied at the WCA
- As power over the Work Programme and Work Choice is soon to be devolved to Scotland, the Scottish Government should develop replacement programmes which are appropriate to people with mental health problems, involving people with lived experience of such problems in the development process.

## Policy context

The impact of welfare reform continues to be a dominant concern across the mental health sector in Scotland, with mounting evidence underlining the detrimental impact the reforms have had on people with mental health issues' wellbeing, health and finances. Indeed the Scottish Parliament's Welfare Reform Committee has found that benefit claimants with a disability have been particularly hard hit, facing a cumulative loss on average of £2,000 a year due to the replacement of Income Support with Employment Support Allowance (ESA) and the replacement of Disability Living Allowance (DLA) with Personal Independence Payment (PIP)<sup>3</sup>.

One of the most contentious changes to the welfare system has been the replacement of Incapacity Benefit with Employment Support Allowance (ESA). ESA is an income replacement benefit for working aged people unable to work due to ill health or disability. It was first introduced by the previous UK Labour Government in 2008 with the full 'migration' of incapacity benefit claimants to ESA completed in 2014. Almost half of ESA claims in Scotland are awarded on the basis of a mental health problem, so it's clear that mental health should be central to ESA<sup>4</sup>.

## Work Capability Assessment

Unlike Incapacity Benefit, most claimants for ESA must undertake the controversial Work Capability Assessment (WCA) as part of the application process. The WCA is a face to face assessment of a claimant's 'functional capability' to work rather than a clinical assessment. To date the WCA has been carried out by health professionals employed by the private contractor ATOS. The US Company Maximus has been contracted to replace ATOS from March 2015, after the contract with ATOS was cancelled 5 months earlier than planned<sup>5</sup>. The WCA has been widely criticised for failing

<sup>2</sup> Dr Litchfield. [An Independent Review of the Work Capability Assessment – year four](#) December 2013

<sup>3</sup> Scottish Parliament Welfare Reform committee, [The Cumulative Impact of Welfare reform on Households in Scotland](#) March 2015

<sup>4</sup> Department of Work and Pensions [Tabulation Tool](#) last checked 3/12/2014

<sup>5</sup> DWP [MAXIMUS appointed to carry out health assessments for the Department for Work and Pensions](#) October 2014

people with mental health problems, with the assessment not able to adequately measure the complex and fluctuating impact that many mental health conditions have on someone's ability to work. In Scotland, the Mental Welfare Commission made a series of recommendations to improve the WCA for people with mental health problems<sup>6</sup>.

A WCA is not just undertaken during the initial application process for ESA, but at regular intervals in order to reassess a person's continued eligibility. The frequency of reassessment depends on the prognosis given by the assessor at the previous assessment, this can be 3 months; 6 months; 12 months; 18 months; within 2 years; and in the longer term<sup>7</sup>. The assessment scores the impact of a person's illness or disability against a set of activities (descriptors). The result of the assessment, as well as any additional medical and supporting evidence provided by the claimant, are used by DWP decision makers to determine eligibility for ESA and which group a claimant will be placed in<sup>8</sup> - the Work Related Activity Group (WRAG) or Support Group.

### **Work Related Activity Group (WRAG) & Support Group**

The Work Related Activity Group (WRAG) is for people who are assessed as not ready to enter employment immediately but are well enough to undertake activities to prepare them for future work. This may be work focused interviews and can include referral to government employability programmes including the Work Programme or Work Choice. Activities prescribed to people in the WRAG are compulsory and failure to complete them can result in a reduction in benefit – sanctions. Contribution-based ESA for people placed in the WRAG is time limited to one year from the date of claim<sup>9</sup>

The Support Group is designed for people whose illness or disability severely limits what they can do. People placed in the Support Group are not expected to undertake work related activities, but can volunteer to do so. Unlike the WRAG, contribution based ESA is not time limited in the Support Group.<sup>10</sup>

Since the introduction of the WCA in 2008, mental health and disability organisations have highlighted severe problems with this assessment process. Concerns have focused on the inability of the current assessment descriptors to reflect the significant and fluctuating nature of many mental health conditions, the lack of mental health expertise of many of the assessors and the stressful nature of the assessment itself<sup>11</sup>.

To gain further insight into the experience of people applying for and receiving ESA, the Scottish Mental Health Partnership undertook an online survey during February – March 2015 looking at the impact of ESA and the WCA on people in Scotland with mental health problems.

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<sup>6</sup> Mental Welfare Commission, [Who Benefits?](#) 2014

<sup>7</sup> House of Commons Work and Pensions Committee [Employment and Support Allowance and Work Capability Assessments First Report of Session 2014–15](#) July 2014

<sup>8</sup> For further details of the WCA and ESA decision making process, including the list of descriptors see: [A guide to Employment and Support Allowance – The Work Capability Assessment](#) Jan 2013

<sup>9</sup> DWP [Employment and Support Allowance – Help if you are ill or disabled](#) 2014

<sup>10</sup> DWP [Employment and Support Allowance – Help if you are ill or disabled](#) 2014

<sup>11</sup> House of Commons Work and Pensions Committee [Employment and Support Allowance and Work Capability Assessments First Report of Session 2014–15](#) July 2014

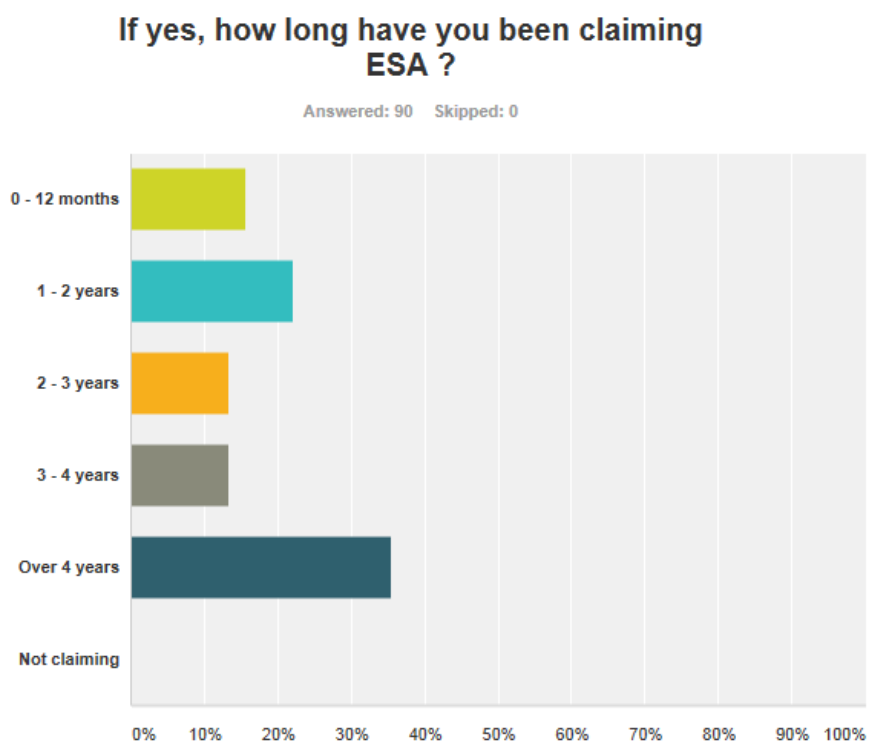
## Demographics

90 people reported that they were currently claiming ESA. Of these:

- 96% lived in Scotland. The rest lived in England. Due to the small number of responses from England, their data was included in the final analysis
- 68% of respondents were female, 31% male and 2% transgender
- A large majority (88%) stated they had a mental health condition

## ESA Claimants

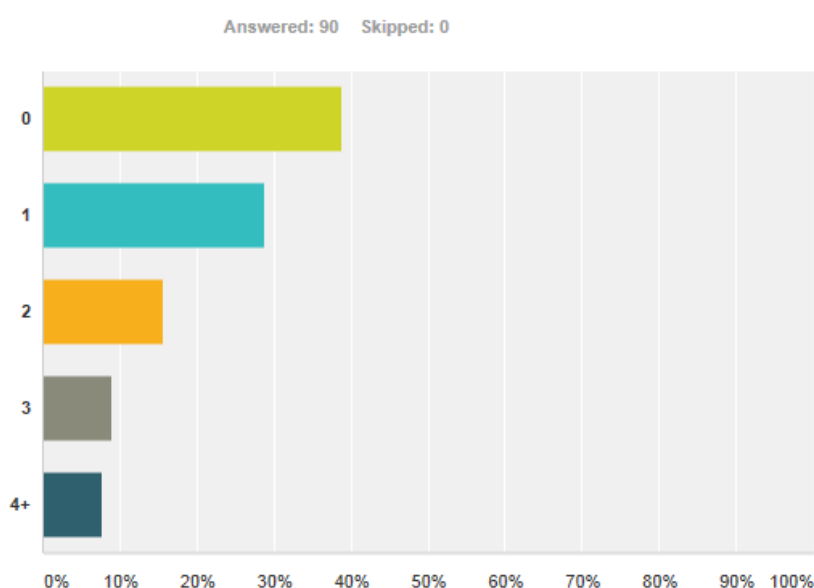
The duration of their claim varied between less than a year to longer than four years:



As the chart indicates, of those claiming ESA, the largest group were people who have received ESA for over four years (36%).

Our survey highlighted that some people experience multiple assessments for ESA.

## How many times have you undergone the face to face Work Capability Assessment, as part of an application or review of your ESA ?



As indicated in the chart, a third of respondents have been assessed more than once, with 8% having undergone four or more WCAs. Interestingly 39% of respondents currently claiming ESA had never had a face to face assessment. The high proportion of people not having undergone a face to face WCA may indicate that some claimants are being awarded ESA on account of their initial ESA50 questionnaire and additional evidence provided by the claimant's medical and support teams. However, we do not have sufficient data to assume this: there may have been confusion among respondents about what constitutes a Work Capability Assessment.

The survey also found that the majority of assessments appear not to have been carried out by a doctor. While the profession of the health care professional (HCP) was not asked for, where this information was volunteered the most frequent profession given was "nurse" (by 20% of respondents). "Occupational therapist" or "physiotherapist" was mentioned by a very small number of people. It was common for people who completed the survey not to have been told the profession of the assessor. This provoked anxiety for some respondents.

*"No, I saw a 'health professional' yet I don't know if the person was a qualified nurse. It was awful and didn't ask anything about my mental health."*

In addition it was common for respondents to state that the HCP who carried out the face to face assessment did not appear to be knowledgeable about mental health:

*"I saw a Dr. for my first WCA and it felt as though nearly all the questions were about physical health. All the written evidence from my GP, Consultant psychiatrist and community health worker counted for nothing. My oral evidence about my experiences and symptoms were overridden by the fact that I worked 2 hours a week in a community mental health art project. It was seen that if I could do this, and drive myself to the centre, I could work in any situation, any hours and any distance, which I felt to be a dangerous and dismissive attitude to my health"*

Many mental health charities and campaigning groups have called for assessors to have adequate professional experience in mental health. Dr Litchfield, who carried out the fourth and fifth annual reviews of the WCA, recommended that the DWP should act to ensure that the health care professions (HCPs) who do the face to face assessments have “sufficient” experience of working with people with mental health problems to improve assessment quality<sup>12</sup>. As of the publication of the fifth annual review in November 2014, the UK government had deferred a decision on accepting this recommendation until further consultation with the DWP, who are satisfied the HCPs currently have “suitable and sufficient experience” in regards to mental health<sup>13</sup>.

When discussing the HCP who carried out the assessment, survey respondents provided mixed views on how they were treated. While a minority stated the assessor was “nice”, “professional” and “understanding”, it was common for respondents to say that they were not treated with dignity or respect by the HCP. Comments included:

*“Bad bedside manner. I was treated like an inconvenience and felt questions were not useful to mental health conditions.”*

*“He didn't listen, didn't ask the appropriate questions and simply ticked (the wrong) boxes.”*

Many people expressed frustration with the narrow “tick box” nature of the assessment, and felt that it did not allow one to fully express how their mental health impacted on their daily life and ability to work:

*“They paid absolutely no attention to anything I had to say relating to my mental health condition - only to the tick box Q&As about whether I could lift a box or cook my tea (the truthful answer to which is 'sometimes' - but that is not an acceptable response)”*

*“The questions were posed and the answer restricted to the assessment remit. Yes I can make a cup of tea but I wouldn't”*

*“It was all about the boxes that needed to be ticked on the form, not how fit I was for work.”*

### **Migration from Incapacity Benefit to ESA**

Between 2008 and 2014 existing recipients of Incapacity Benefit have been gradually assessed for ESA, with Incapacity Benefit being abolished. The latest figures from the DWP, published in March 2015, show that 93% of those receiving Incapacity Benefit and assessed for ESA between April and June 2014 were awarded ESA, with 83% placed in the Support Group<sup>14</sup>. As historically around 40% of people receiving Incapacity Benefit due to a mental health problem, the Partnership were keen to hear how this transfer had affected our respondents.

While a minority of respondents reported that the transfer to ESA went smoothly, many people stated that the process had been confusing and not clearly explained, resulting in increased levels of anxiety, delays in payment and in some cases significant financial hardship. Comments included:

<sup>12</sup> Dr Litchfield. [An Independent Review of the Work Capability Assessment – year four](#) December 2013

<sup>13</sup> Dr Litchfield, [An Independent Review of the work Capability Assessment – year five](#) November 2014

<sup>14</sup> DWP [Employment and Support Allowance: outcomes of Work Capability Assessments, Great Britain Quarterly official statistics bulletin](#) March 2015

*“My experience was being left with £45 to live on for 3 weeks with no explanation as to what to do next. I had to seek advice and support from an outside agency who helped me appeal the decision. It was a terrible experience and one which left me barely able to cope and I struggled through this with help from others.”*

*“Stressful as I didn't know what to expect (major trigger of anxiety and depression).”*

*“I was reassessed for IB and four months after that assessment I was migrated to ESA despite my IB award being good for three years. I'd just calmed down after the stress of the IB PCA [Personal Capacity Assessment]<sup>15</sup> and then I was assessed again TWO AND A HALF YEARS early. My MP was appalled at the inefficiency but the DWP didn't care about the waste of money of the detrimental effect on my health”*

### **What Works with the ESA and WCA?**

The survey asked what people felt worked well with ESA in general and the WCA. Unsurprisingly many responses expressed substantial distrust towards the ESA application process, particularly the WCA. Despite this when discussing the actual support received by those who had successfully claimed ESA a number of positive themes can be seen.

The current level of ESA is £101.15 a week for those in the WRAG and £108.15 for people in the Support Group<sup>16</sup>, a number of people stated that the level of financial support they receive through the benefit was acceptable:

*“Reasonably generous benefit which covers most bills.”*

*“In times of illness esa helps me keep my head above water, but I can't think of anything good to say about the assessment”*

Other respondents stated that in the wake of a successful claim they gained a sense of security and stability which aided their recovery. This view was particularly held by those who had been placed in the Support Group:

*“Once on ESA in the support group, people are left alone for a while at least to get on with their recovery.”*

*“[the Support Group] is good as you don't need to remember to get medical certificates forms and you are not hassled into pointless and stressful work activity groups.”*

Others felt that while placement in the Support Group provided them with space to focus on their health and recovery, the threat of future reassessment was worrying.

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<sup>15</sup> A Personal Capacity Assessment (PCA) is the medical assessment undertaken to determine a claimants eligibility for Incapacity Benefit. (see DWP [A guide to Incapacity Benefit – The Personal Capability Assessment](#))

<sup>16</sup> DWP <https://www.gov.uk/employment-support-allowance/what-youll-get> (accessed March 2015)

*“The only good thing to come from ESA is that after finally being put in to the correct group, I have been left alone to heal for the past year. I am dreading reassessment. The whole process is exhausting and designed for a negative outcome for mental health issues”*

Interestingly two people indicated that they agreed with much of the policy ethos underpinning ESA in regards to supporting people with disabilities into employment, but felt that the process of applying for the benefit and the activities expected to be undertaken as part of the WRAG undermined the policy objectives:

*“It may get people thinking about work. However, there is so much stress involved in the process that this becomes counter-productive and means that a lot of people actually take longer to enter the job market because their health deteriorates due to the stress involved. Some people do receive support with CVs, applying for jobs”*

And:

*“I'm not actually against the ethos of supporting people back into work ... nor a focus on what someone can do rather than putting them 'on the scrap heap' because of the things they can't... [But] the reality is an ethos of starting from denying someone benefits/they're scrounging, unless they can prove 150% that they're not. If you're ill enough to not be working, you're probably not well enough to articulate/fight. And that fight takes energy away from getting better.”*

A number of people mentioned the importance of support from welfare rights agencies and other support organisations when applying:

*“ I didn't have much of a problem because we have a wonderful Benefits Adviser ...where I attend daily and with all the evidence we had for my case I was placed into the support group straight away so from my point of view it was pretty flawless”*

This will be discussed further below when examining appeals against ESA decisions.

### **What does not work with ESA or the WCA?**

The majority of respondents were highly negative towards ESA and the WCA when asked what they felt was not working with it. The key negative findings from the survey have been split into those associated with the assessment process including the WCA and those addressing wider concerns with ESA, including activities expected of clients in the WRAG.

#### **Assessment & WCA**

Beyond the points outlined above regarding the WCA, respondents raised concerns about the length and accessibility of the ESA50 application form, difficulty in accessing assessment centres, the lack of explanation of the eligibility and points system used as well as the impact of the fear of assessment. Comments included:

*“The ESA50 is a Very Ambiguous Questionnaire & doesn't take into account the nuances or variability of any condition.”*



*“They don’t consider that travelling a long distance for you WCA can be hard if you suffer from mental health issues.”*

*“It creates dreadful amount of stress and anxiety and I cannot see in what way I’m actually being assessed at all.”*

*“The fear and stress over things like interviews, the constant worry that your benefit will just be taken away for no good reason. Mental health is also a fluctuating illness and therefore when it comes to your assessment if you are having a pretty good day they see this and penalise you”*

*“The length of time some people must wait and the attitudes of the staff they must deal with”*

Again it was commonly stated by participants that they felt the HCA had no or little experience or knowledge of mental health.

*“Untrained people enquiring insensitively about personal matters which they have little understanding of - outside of cultural fictions such as film and media. I was asked if I heard auditory hallucinations, which I felt was a blunt and silly intrusion”.*

### **Wider ESA Concerns**

Beyond the WCA a number of people voiced a lack of trust in the ESA system as a whole, expressing the belief that the system has been purposely designed to prevent disabled people from accessing benefits they are entitled to:

*“It is fundamentally designed to put disabled people off of applying for money they’re legally entitled to. It is ineffective, damaging, cruel and panders to the public notion of the ‘benefit cheat’ who ‘fakes’ their illness”*

*“Everything make you feel like a beggar”*

*“Nothing to do with your ability to work. Its primary function is to increase fear & humiliation within the disabled community & to cut the welfare budget.”*

In the fourth and fifth Independent Reviews of the Work Capability Assessment, Dr Litchfield stressed that for the WCA (and by extension the wider ESA regime) to be credible it had: *“not only to be fair but to be perceived as such across a wide spectrum of opinion”*<sup>17</sup>. While both the fourth and fifth independent reviews made recommendations in this regard, our evidence suggests that perceptions, and more importantly experiences, of the WCA by people with mental health problems have not significantly improved.

### **Work Related Activity Group (WRAG)**

There was a clear discrepancy between views about the support group and work related activity group (WRAG), with the WRAG perceived more negatively. The main concerns raised about the WRAG were about the nature of the work related activities recipients were expected to undertake

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<sup>17</sup> Dr Litchfield, [An Independent Review of the work Capability Assessment – year five](#) November 2014 (page 42)

and the pressure that jobcentre and employability advisors placed on claimants, including attending the Work Programme:

*“People in the work-related group are unacceptably harassed by agencies needing to make targets and profits. mental health problems are not only being exacerbated but actually caused by what feels like a deliberately harsh and punitive system”*

*“[I was] hounded by the Work Program provider 'A4E' who threatened me with sanctioning even though I was attending a mental health recovery project, 4 days a week. My mental health undeniably worsened because of this experience. It caused me great distress.”*

Another concern raised repeatedly by those who completed the survey was the lack of empathy and understanding from jobcentre staff regarding mental health. One respondent highlighted the lack of privacy when attending appointments and the resulting distress this causes:

*“Interviews with job centre staff who have no medical training takes place in open plan office. Everyone else can hear. [I’m]Expected to give detail of how my bipolar affects me -very personal - knowing that other claimants and staff are listening and watching me cry. No realisation that when depressed can't get out of bed let alone visit job centre.”*

Contributory ESA for people in the WRAG (where people will receive ESA independent of income or savings), is time limited to one year. Anyone in the WRAG for longer than a year can only receive income related ESA, which is determined by the value of the claimant’s and their partner’s income and savings. Anyone with savings of over £16,000 will not be eligible for ESA<sup>18</sup>. This was highlighted as a problem by one participant:

*“The idea that someone can say 'you have a year to get better or move to JSA' is an additional stressor & double whammy when you're having to use recovery energy for WRAG requirements.”*

A number of respondents who had been placed in the WRAG felt that they had been placed in the group inappropriately, with their mental health negatively impacted by the conditionality of the WRAG:

*“I'm in the WRAG and I've been "parked". My disability adviser reckons I should be in the support group but I was too terrified to appeal. I have to do a phone interview with them every six months. They switched to phone interviews because going to a jobcentre plus resulted in me self-harming on a massive scale.”*

*“It has been difficult living with the pressure of job expectations hanging over my shoulder all the time. Don't get me wrong I think disabled people can work and should work. It has just been hard coping with the emotions and stress. In the beginning every time I attended the jobcentre I felt like a failure that I was unable to fill expectations. I do strongly suspect I could have been placed into the wrong group. Maybe there needs to be a middle group of some description. Or the work related group is the middle group but a further group to move into once your health improves.”*

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<sup>18</sup> DWP <https://www.gov.uk/employment-support-allowance/eligibility> [accessed March 2015]

*“Initially on transfer from Incapacity Benefit I was placed in the Work Related Activity Group and I appealed as all the medical evidence was ignored. It went to reconsideration and the person doing it couldn't understand how their decision had been made and overturned it. I haven't been seen since.”*

### **Appealing an ESA decision**

The Mental Health Partnership was keen to hear about experiences of appealing against an ESA decision, either against being declared ‘fit to work’ or placement in the WRAG. Statistics published in March 2015 reported that 51% of appeals against initial Fit for Work decisions, for claims begun between October and December 2013, were successful, though the DWP report that the number of appeals have been decreasing since 2013<sup>19</sup>. We assume this is due to the introduction of “mandatory reconsideration” in October 2013. Before an applicant can appeal against a decision on ESA, they must now request a mandatory reconsideration, which involves another DWP decision maker examining the ESA claim. Importantly claimants cannot receive ESA at the assessment phase rate during this period and will have to try to claim jobseekers allowance if their initial decision was that they are fit for work. The House of Commons Work and Pension Committee, while welcoming the policy intention of mandatory reconsideration, warned that this additional process may deter claimants off from challenging decisions, even where they had a high likelihood of success<sup>20</sup>.

It was not uncommon for respondents to state that they would have liked to appeal but that they did not think it would be successful and that the stress of undertaking an appeal would negatively impact on their mental health:

*“There was no point when I was given 0 points and the woman couldn't have cared less.”*

*“I could not mentally deal with appealing despite my family attempting to go through this process. I think an initial appeal was made and rejected but I was not well enough to handle any further appeals.”*

*“I didn't have the mental capacity to appeal the decision, I knew myself, as did my GP and my therapist that I wasn't fit for work, but that made no difference, how can I as one person challenge what the DWP had decided.”*

For those who did appeal their ESA decision a significant proportion of respondents felt the process was difficult to navigate, impacted negatively on their wellbeing and was often lengthy:

*“It was a huge effort and activity engaging overworked professionals in what is a drawn out process of accessing support and benefits. The system needs humanised”*

*“Had to wait sixteen months for my appeal, only to have it go in my favour based solely upon GP letter supplied fourteen months later, needing the services of a lawyer and the cost of three consultant reports for my respiratory, musculoskeletal and mental health disabilities.”*

<sup>19</sup> DWP [Employment and Support Allowance: outcomes of Work Capability Assessments, Great Britain Quarterly official statistics bulletin](#) March 2015

<sup>20</sup> House of Commons Work and Pensions Committee [Employment and Support Allowance and Work Capability Assessments First Report of Session 2014–15 July 2014](#)

One respondent who had appealed twice stated that the introduction of Mandatory Reconsideration had made the process even worse:

*"I had to appeal after both assessments; the second time being much worse due to the Mandatory Reconsideration Period. I used Welfare Rights the second time and they were a huge help, providing detailed information as to where I should have received points instead of the zero points awarded."*

Survey participants provided details of organisations which assisted them when appealing. The majority of assistance was reported as extremely helpful and in some cases crucial for them proceeding with an appeal:

*"I have had to appeal twice against an ESA decision. Welfare Rights helped me both times. A WR worker attended my Tribunal with me and he was shocked at my treatment. He tried to get an adjournment as I was distressed but I wanted to plough on and get it over with. Advocacy attended my second WCA. Although I was glad to have someone with me witnessing the process, it did not have any affect on the outcome that I needed prompting from time to time. Welfare Rights were very helpful with the application forms and the psychological support was great."*

*"Yes, I received help from a Law Centre without whose help I don't know where I'd be today."*

The most frequently cited source of support were welfare rights organisation, Citizens Advice Bureau, advocacy organisations (statutory and non-statutory), social workers, support workers and charitable law organisations such as the Govan Law Centre. In a small number of cases participants stated they had received support from their local MP.

## **Stopping ESA**

The survey asked respondents who had previously received ESA if they had recently stopped receiving the benefit and for what reason. For those who have stopped receiving ESA the main reasons given was that they had taken up or were trying to find paid employment, usually due to improved health. Two people stated that financial hardship, rather than improved health, had motivated their decision to enter the work place:

*"I needed to get a job as it was not covering bills and I did not have access to any other benefits."*

*"To try to get a job and not rely on the state entitlements ... I lasted 12 weeks on JSA before a massive relapse."*

Another group of respondents had stopped receiving ESA due to being found Fit for Work when their ESA was reassessed:

*"I received ESA up until my WCA, then it was decided I no longer qualified and I was forced to claim Job Seekers"*

*"It was removed after failing a medical assessment."*

## **Conclusion**

The Scottish Mental Health Partnership survey adds to the increasing body of evidence which shows that ESA and particularly the WCA is not fit for purpose in regards to people with mental health problems. The experiences of those who took part in the survey present a system which is mistrusted by those it is intended to support. Despite five Independent Annual Reviews of the WCA, the assessment and wider ESA application process is still a source of significant anxiety for claimants, lacking sufficient flexibility to measure the impact of mental health conditions on someone's ability to sustain employment. For those found eligible for ESA the survey did find high levels of satisfaction with the Support Group, but this was undermined by the fear of frequent reassessment. For people placed in the WRAG the survey shows that conditionality placed on claimants can be highly stressful and inappropriate with frontline staff not equipped to provide sensitive and helpful support to people with a mental health condition. Finally the essential role that statutory and non-statutory mental health organisations, welfare rights and independent advocacy play in assisting people navigate and interact with the welfare system was again highlighted.



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