



### About Mind

We're Mind, the mental health charity for England and Wales. We believe no one should have to face a mental health problem alone. We provide advice and support to empower anyone experiencing a mental health problem. We campaign to improve services, raise awareness and promote understanding.

### About this briefing

In October 2016 the Government launched a wide-ranging consultation as part of a Green Paper on 'Work, Health and Disability'. They asked disabled people and people with health conditions to tell them how they could reform the welfare system and healthcare system to better support people to find and stay-in appropriate work. They also asked about how they could work with employers to improve people's experiences of work. Nearly 3,000 Mind campaigners responded directly to the consultation to share their views. In November 2017 the Government responded with their plan of action.

This briefing summarises some of the key things the Government has said it will do, alongside Mind's response based on what we've heard from people with mental health problems.

### The welfare system

#### **The Government's proposals for reforming the Work Capability Assessment**

The Government set out proposals for reforming the Work Capability Assessment in the Green Paper last year. It says these proposals would lead to more personalised support. While it doesn't say it will introduce legislation in the current parliament, it does say it will continue to work on these proposals and 'carry on building our evidence base so we get it right'.

We are strongly opposed to these proposals which we do not believe address the real issues which people with mental health problems face when they attend a Work Capability Assessment. Instead they would mean that anyone with a mental health problem receiving Employment and Support Allowance or Universal Credit could be subject to sanctions and mandatory requirements, at the discretion of individual members of Jobcentre staff. This includes the 500,000 people with

mental health problems who are currently in the 'Support Group' and who have been judged as too unwell to be subject to mandatory requirements and sanctions.

Mind supported nearly 3000 people to respond to the Government's consultation directly. These people made up nearly half of the total respondents to the consultation. 91% of them said that they were opposed to the proposal with a further 6% saying they were unsure. Many expressed that being sanctioned had a devastating effect on their financial security. But even for those who hadn't, the fear that they might be sanctioned made them dread going to appointments at the Jobcentre, made their mental health worse, and damaged any trust they had in back-to-work support.

*"It made me not trust the Jobcentre staff and not want to tell them anything. I was also more worried about going to the Jobcentre in case I had done something wrong without knowing."*

*"I can't count the number of times I've had panic attacks in Jobcentres or how anxious even the thought of them makes me feel."*

Unless the Government listens to these experiences, too many people with mental health problems will continue to experience going to an appointment at a Jobcentre as a source of fear and anxiety rather than the first step in finding support. We need to see the Government listen to these concerns and instead commit to reform that is about making the assessment process more compassionate and more understanding of mental health rather than extending the use of sanctions through the backdoor.

### **Wider issues with the Work Capability Assessment**

The Government says it will look at improving people's experiences of the Work Capability Assessment. We often hear from people with mental health problems who find the process of applying for ESA impossible to navigate, and whose mental health is made worse by the anxiety caused by frequent assessments and appeals. We believe there is an urgent need to improve the skills and training of assessors, to more frequently collect evidence from GPs and other professionals, and to restructure assessments so they give people the time and space to talk about how their mental health affects them.

People with mental health problems also tell us that the assessments fail to understand how a person's mental health can affect their ability to work because the criteria are abstract and don't look at the barriers people are likely to face in real workplaces and in specific types of work. For example someone with severe anxiety may be able to interact socially with their family or with a trusted mental health professional but may face extreme difficulty working in a customer service role or in an open-plan office. We want to see the Government work with disabled

people to bring forward proposals for reform that address this issue by assessing capacity to work in real employment situations.

### Sanctions and conditionality

The Government's plan contains a brief acknowledgement that many people responding to the consultation said that employment support should be voluntary but does not set out any Government action to tackle the negative effect that sanctions, and crucially the fear of sanctions, have on people with mental health problems.

This is a huge missed opportunity. As well as some of the personal testimonies earlier in this briefing about the impact of sanctions on people's mental health and financial security, there is also an increasing body of evidence that shows that sanctions don't increase the likelihood of disabled people and people with mental health problems moving into work. This includes three separate pieces of quantitative research from the National Audit Office and DWP, five programme evaluations from the DWP, and large-scale surveys of the experiences of people with mental health problems conducted by YouGov and Mind.

The Government must listen to the evidence and to the voices of people with mental health problem and take action to make the system safer and more supportive for people with mental health problems.

### Jobcentre Plus

The Government's plan repeats their commitment to providing more mental health training for Jobcentre staff and introduces a new project to encourage Jobcentre staff to build trusting and collaborative relationships with the people they support. This is a welcome first step, but it can't end there. During the consultation many people with mental health problems wrote to the Government to say that they didn't feel able to be open about their mental health in a short appointment in a busy open-plan office. They talked about the small things that would make a difference, like being able to get a cup of tea, a box of tissues, or to have more time to get to know their adviser before discussing work. Others said that when they wanted help they couldn't get any advice on disclosing their mental health problem to employers, or working out what sort of job they could manage with their health condition.

*"You should be able to see an advisor who can understand your situation and definitely in a private room. A person suffering from anxiety cannot discuss personal issues in public!"*

*"I am scared to contact the Jobcentre in case they make me get a job I can't cope with. This makes my mental health ten times worse."*

The Government needs to change the culture of Jobcentres so that people with mental health problems can feel supported. That needs to involve better training but also removing the threat of sanctions, giving people more control over their appointments, more options for privacy, and enough time to feel listened to.

### **The ESA Support Group**

The plan contains proposals for trialling voluntary help for people in the Support Group. We believe that anyone with a mental health problem who wants advice or support about returning to work should be able to get that help. However the commitment to keep the trial voluntary is undermined by the Government's proposals for Work Capability Assessment which, if implemented, would extend mandatory requirements to this group in the future. We are also concerned that the Government's independent committee of welfare experts have drawn attention to worrying instances where voluntary trials have later become mandatory programmes with no evidence about the effect this would have on people's chances to returning to work or crucially their health.<sup>1</sup>

It's vital that voluntary support for people with mental health problems remains voluntary and that this always made clear so that people have a meaningful choice.

*"A lot of people in the Support Group suffer from anxiety and stress problems (like myself), they need a safe place and some level of security if they stand any chance of recovering "*

### **The Health and Work Conversation**

The Government's plan talks about the recently introduced 'Health and Work Conversation' and says it has been positive for people with mental health problems who have experienced it. While we agree that Jobcentres need to focus on listening to people with mental health problems' needs, we remain concerned that this the conversation is mandatory for all people receiving ESA and that people with mental health problems will face having their benefits stopped if they cannot attend or participate.

Many people can find it difficult to talk about their mental health with family, friends, and with experienced healthcare professionals. It is never appropriate for someone to be required to have a sensitive conversation about their mental health, in an open-plan office while facing the threat of sanctions if they do not comply.

### **Reducing unnecessary reassessments**

It is positive that the Government has taken action to reduce unnecessary reassessments for some disabled people. People with mental health problems tell us that navigating frequent PIP and ESA reassessments and appeals, cause

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<sup>1</sup> Correspondence between Paul Gray, Chair of the Social Security Advisory Committee and the Minister for Disa

significant financial security, leaving them no time to focus on their health and recovery. The measures the Government has introduced are targeted at people who have conditions which are unlikely to ever improve. There is still a need to reduce the burden of unnecessary reassessments for other people with mental health problems who nonetheless have long-term conditions which are made worse by the constant anxiety that comes with anticipating a benefit assessment.

This further work needs to involve better use of evidence from healthcare professionals, and an explicit direction for decision-makers to consider the likely effect on a person's health when determining the length of their award.

“My first PIP award 3 years ago was quite accurate but the assessor was in training. I'm worried how today's assessment went as it was quite different and seemed a bit less optimistic. I hope I don't get it taken away as they tried to take my ESA away too recently and it caused months of terrible anxiety and depression and isolation.”

### **Integrating healthcare services and support from Jobcentres**

Several of the measures in the Government's plan involve closer working between healthcare services and Jobcentres. While we believe that there is a real need for Jobcentre staff to understand more about mental health, it's important that people with mental health problems can always trust the support that they access through the healthcare system.

Several recent Department for Work and Pensions evaluations of similar initiatives point to cases where Jobcentre staff had given people with mental health problems the impression that support was mandatory even when the programmes were designed to be voluntary. We have also been contacted by people with mental health problems who have told us that Jobcentre staff included activities like going to support groups or attending therapy in their 'Claimant Commitment'. Telling people with mental health problems, or leading them to believe, that their benefits will be stopped if they do not access healthcare services is unethical, undermines the relationship that person has with their healthcare professional and risks damaging their trust in wider mental health services, making people less likely to access the support they need, with potentially very serious consequences for their mental health and chances of recovery.

We would urge the Department for Work and Pensions to act on what these evaluations have found and put in place procedures and safeguards which mean that Jobcentre staff will never imply that health interventions are mandatory or attempt to offer the kind of advice or support which should always come from a trained professional. Instead we want to see a continued focus on programmes like 'Individual Placement and Support' which are based within the healthcare system and entirely separate from Jobcentre Plus and conditionality, meaning that

people with mental health problems can choose to access them if they wish without fears about their benefit entitlement.

## Employers

### Expectations for employers

The Government's has said that it supports the recommendations from the Farmer-Stevenson review of mental health in the workplace and has committed to implementing the recommendations relevant for the Government as an employer as well to take steps to drive change in the public sector. This means that the NHS, the civil service and other public sector bodies will have to take action to improve the way they support the mental health of their staff.

This is much needed but the recommendations from the review are relevant to employers of every size and in every sector. The Government has made some commitments to improving access to information and to expanding the support employees and employers receive through Access to Work. We now want to see the Government develop a public plan of action for how it will help all employers of all sizes to give people with mental health problems better support.

“The deputy head did not follow any support plan put in place and although you had a phased return, it was far too short and wasn't what my GP or Union recommended.”

“My employer was so understanding and this gave me confidence to go back to him when I was well enough. Even then I had a phased return at my own pace building from simply going into the building to staying for a while with minor duties to building back up to assistant manager. The fact was that they believed in me even when I didn't.”

### Protection from discrimination

Currently people with mental health problems are only protected under equality legislation if they can prove their condition is long-term. That can be difficult and complex, particularly for people with conditions that fluctuate. We're pleased the Government has said that it is looking at changing the law so that anyone who experiences discrimination because of a mental health problem is protected. It's vital that the Government listens to people with mental health problems about their experiences of discrimination and acts on what they hear.

### Statutory sick pay

The sick pay system makes it difficult for someone with a mental health problem to take gradual steps to return to work, as it's only possible to receive statutory sick pay if you are off work altogether. The Government has said it will look at introducing legislation to tackle the problem. However it's also important that no-

one faces pressure to return to work too early, or to quickly use up their entitlement in a way which might risk their financial security in the future. That's why we want people to be able to access 'return to work pay' that's in addition to their existing sick pay entitlement.

## Healthcare services

### Five Year Forward View for Mental Health

The Government's plan reinforces the importance of improving mental health services, as getting back into work can only happen if the system supports people with both their employment and their health needs. These are uncertain times for the NHS, however, and Simon Stevens has indicated that the delivery of the five-year plan for mental health and the £1bn extra funding promised may be under threat. We are seeking an urgent recommitment to delivering the plan in full and to ensuring money reaches the frontline. Improvements to mental health care are central to the success of all of the Government's plans to end the 'burning injustices' faced by people with mental health problems.

### Individual Placement and Support (IPS)

The Government's plan recognises that there is good evidence for 'Individual Placement and Support' which is an approach to supporting people with mental health problems find and stay in a job that's right for them. This approach works because it's voluntary and starts with each person's individual aspirations. It also involves employment advisers working closely with healthcare professionals, giving benefits advice, and providing people with support as they start a new role.

*"A named worker that you can discuss any worries with before starting work and after for as long as required"*

At the moment this approach is only available in certain areas, and for people with mental health problems who are using secondary services. It's positive that the Government and NHS has recognised that it needs to do more to make this available for anyone with a mental health problem who feels they would benefit from it and has committed to building the evidence base for how IPS can be expanded and doubling the number of people who can access it by 2021.

### Training on work and health

The Government's plan includes action to give healthcare professionals better support and training to talk to people about their aspirations for work. It talks about bringing about culture change so that healthcare services see helping people find work as part of their role in improving people's health.

*"It might be appropriate to have a positive conversation with your GP or to touch on it in therapy but when anxiety or depression hits only"*

*you can decide when you even can consider looking positively at getting back to work”*

We know that many people with mental health problems want help to find supportive employers in secure jobs that provide opportunities to develop and progress. However we also know that unsupportive workplaces can be a major cause of poor mental health, and that for some people work won't be the right option when they are very unwell. Training for healthcare professionals needs to be based on giving people choice and control over their decisions about employment, and not pressuring people to stay in a role that's unsuitable or to return to work too quickly.

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